

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: 0000000038

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

Cover Sheet

Completed - Jul 1 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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

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:	g.maldonado@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, trauma-informed, 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.

Word Limit: 75

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

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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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Deflection Coordinator	Baker County Deflection Program (BCDP)	Baker County	New	75	10457.0	12	94,113.00	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.) The Baker County Deflection Coordinator will coordinate with local treatment facilities and state deflection staff. This position will be responsible for the development, implementation, data tracking, and administration of the Baker County Deflection program and facilitating the Baker County Deflection Coordination Team. 2.) The NDN Deflection CADC will coordinate with local treatment facilities and state deflection staff. This position will be responsible coordinate intake, assessment and treatment services for those referred to the NDN Deflection Treatment Program.
2 NDN Deflection CADC	Baker County Deflection Program (BCDP)	New Directions Northwest	New	50	5541.0	12	33,246.00	
3			Select Option				0.00	
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	
Personnel Total:							\$ 127,359.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1		Select Option	Monthly			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. 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	Select Option			0.00	
4		Select Option	Select Option			0.00	
5		Select Option	Select Option			0.00	
6		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			0.00	
10		Select Option	Select Option			0.00	
Contractual 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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Short term emergent housing support	Baker County Deflection Program (BCDP)	Per Item	75.00	40.0	3,000.00	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.) Emergency short-term housing for program participants for 1-day hotel stays per month for 12 months.
2		Select Option			0.00	
3		Select Option			0.00	
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	
Housing & Facilities Total:					\$ 3,000.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1				0.0	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.
2					0.00	
3					0.00	
4					0.00	
5					0.00	
6					0.00	
7					0.00	
8					0.00	
9					0.00	
10					0.00	
Equipment Total:					\$ -	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Supplies/Materials Creation	BCDP	Baker County	812.00	1.0	812.00	This will be spend on paper and office supplies and will also cover document creation.
2 Community Outreach, Awareness 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.
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.)
Supplies Total:					\$ 1,812.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 THE 2024 INTERNATIONAL DEFLECTION & PRE-ARREST DIVERSION SUMMIT	BCDP	Baker County Sheriff's Office	Seattle, Washington	Training	1,790.00	1.00	1,790.00	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.
2 THE 2024 INTERNATIONAL DEFLECTION & PRE-ARREST DIVERSION SUMMIT	BCDP	NDN	Seattle, Washington	Training	1,790.00	1.00	1,790.00	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.
3 THE 2024 INTERNATIONAL DEFLECTION & PRE-ARREST DIVERSION SUMMIT	BCDP	Baker County DA	Seattle, Washington	Training	1,790.00	1.00	1,790.00	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.
4 THE 2024 INTERNATIONAL DEFLECTION & PRE-ARREST DIVERSION SUMMIT	BCDP	Baker City PD	Seattle, Washington	Training	1,790.00	1.00	1,790.00	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.
5 THE 2024 INTERNATIONAL DEFLECTION & PRE-ARREST DIVERSION SUMMIT - Travel in one vehicle	BCDP	Baker County Deflection Program, which includes all of the above entities	Seattle, 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
6 Deflection Program Training for local LE and Treatment Staff	BCDP	NDN, Baker County Sheriff's Office, Baker City PD, OSP	Seattle, Washington	Training		30.00	150.00	6.) Training for local LE and treatment providers at NDN regarding best practices of deflection program.
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$ 7,829.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Administration Fee	County Deflection Program	Baker County	\$ 10,000.00	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.
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 10,000.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 127,359.00
Contractual Services	\$ -
Housing & Facilities	\$ 3,000.00
Equipment	\$ -
Supplies	\$ 1,812.00
Training/Associated Travel	\$ 7,829.00
Subtotal	\$ 140,000.00

Administrative Costs	Total	% of Total Request
All Items	\$ 10,000.00	7%

*No more than 10%, without exception request

Total Budget Request:	\$ 150,000.00
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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 [HB 4002 \(2024\)](#) 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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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

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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

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?

Yes

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 meetings, 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.

1. 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, trauma-informed, 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?

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 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 stand-alone 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.

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 27 2024

Data Acknowledgements

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Benton County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Program Coordinator	County Deflection Program	Benton County	New	100	10782.0	10	107,820.00	1.) The Program Coordinator will be necessary to fulfill the duties of grant management and reporting, data analysis and collection, research, client coordination and tracking, community training, and initial planning. It is anticipated that the position will initially be full time for the grant period through 6/30/25. However, after program becomes operational and many of the initial planning duties have all been completed, the position may be reduced. Assumes 10/1/24 start date.
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.)
7			Select Option				0.00	7.)
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ 107,820.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Case Manager	Intake/Screening	Services	Monthly	5,420.00	6.0	32,520.00	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 with individual in enrolling in programming. Assumes 1/1/25 start.
2 Service Provider - Low Risk	Low Risk Programming	Services	Daily	200.00	10.0	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 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 Service Provider - Moderate/High Risk	Moderate/High Risk Programming	Services	Monthly	7,648.50	6.0	45,891.00	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 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 available state resources, however, Opioid Settlement Funds have been tentatively targeted to match state resources. Assumes 1/1/25 start.
4		Select Option				0.00	4.)
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.)
Contractual Services Total:						\$ 80,411.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Facilities Space Cost	Program Coordination	Monthly	187.20	10.0	1,872.00	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			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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option			0.00	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:					\$ 1,872.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 One Time Computer	Program Coordination	Benton County	1,680.00	1.0	1,680.00	1.) Provides coordinator ability to complete day to day operation requirements, data analysis, data collection, research, service coordination, and communication. One time cost estimated August 2024.
2 One Time Furniture	Program Coordination	Benton County	3,700.00	1.0	3,700.00	2.) Provides coordinator ability to complete day to day operation requirements, data analysis, data collection, research, service coordination, and communication. One time costs estimated August 2024.
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:	\$	5,380.00

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.

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 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.	
2 One Time Program Materials	Program Coordination	Benton County	5,000.00	1.0	5,000.00	2.) One time cost associated with developing outreach material and program information that helps communicate and guide potential program materials. Assumes one times cost in Fall 2024.	
3 One Time Court and Law Enforcement Materials	District Attorney and Law Enforcement	Benton County	5,000.00	1.0	5,000.00	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 and/or enroll in deflection. Assumes one time cost in Summer 2024 to anticipate citation needs starting 10/1/24.	
4 Monthly Phone Cost	Program Coordination	Benton County	55.00	10.0	550.00	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 General Travel	Coordination	Benton County	75.00	10.0	750.00	5.) Local Travel Expenses for Program Coordinator for meeting with Law Enforcement, District Attorney, Clients, and Service Provider. Average monthly staff general travel cost. Estimated start 9/1/24.	
6					0.00	6.)	
7					0.00	7.)	
8					0.00	8.)	
9					0.00	9.)	
10					0.00	10.)	
Supplies Total: \$ 12,130.00							

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.
1 Deflection TA Regional Workshops	Coordination/Law Enforcement/District Attorney/Service Providers	Benton County, Family Trees Relief Nursery, CHANCE	Bend	Travel	250.00	5.00	1,250.00	1) County deflection teams will have the opportunity to learn from national experts from the Center for Health and Justice (CHJ) about deflection, including different programs models, best practices for implementing deflection programs based on other states' experiences, and more at a regional, in-person workshop. Estimated cost on July 23rd and 24th.
2 General Training Opportunities	Coordination/Law Enforcement/District Attorney/Service Providers	Benton County and Contracted Service Providers	TBD	Training	350.00	4.00	1,400.00	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	Program Coordination	Benton County	Local	Travel	1,000.00	3.00	3,000.00	3.) Local Training with Law Enforcement for deflection program. Three county wide trainings for all law enforcement in November and December 2024.
4				Training			0.00	4.)
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.)
Training/Travel 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 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.

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 Central Cost Allocation	Administrative Overhead	Benton County	\$ 18,285.00	1.) Total direct program expenses (maximum of \$25K for professional contracts) multiplied by standard 10% for central cost administration which includes support services for procurement, budget, accounting, human resources, information technology, and legal counsel. Total \$182,852 X 10%
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$	18,285.00

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 107,820.00
Contractual Services	\$ 80,411.00
Housing & Facilities	\$ 1,872.00
Equipment	\$ 5,380.00
Supplies	\$ 12,130.00
Training/Associated Travel	\$ 5,650.00
Subtotal	\$ 213,263.00
Administrative Costs	Total
All Items	\$ 18,285.00
	% of Total Request
	8%
	*No more than 10%, without exception request

Total Budget Request:	\$	231,548.00
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CLACKAMAS COUNTY

Application: 0000000037

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

Summary

ID: 0000000037
Last submitted: Jul 18 2024 05:20 PM (PDT)

Cover Sheet

Completed - Jun 24 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Clackamas County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 DDA 3	County Deflection Program	Clackamas County	Existing	75	26646.0	12	239,814.00	1.) The DDA 3 position will undertake the program coordinator role for the program as of 9/1/24.
2 DDA 2	County Deflection Program	Clackamas County	New	100	16333.0	12	195,996.00	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 possession charges.
3			Select Option				0.00	3.)
4			Select Option				0.00	4.)
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.)
Personnel Total:							\$ 435,810.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Sub-Recipient to LoveOne	Program Navigator	Personnel	Yearly	99,000.00	1.0	99,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
2 Sub-Recipient to LoveOne	Navigator Supervisor	Personnel	Yearly	20,000.00	1.0	20,000.00	1.) 0.2 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.
3 Sub-Recipient to LoveOne	Materials & Services	Other	Yearly	10,000.00	1.0	10,000.00	2.) 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	110,000.00	3.) Flex Funds - To provide services to participants 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	4.) 10% Indirect Costs
6		Select Option	Select Option			0.00	5.)
7		Select Option	Select Option			0.00	6.)
8		Select Option	Select Option			0.00	7.)
9		Select Option	Select Option			0.00	8.)
10		Select Option	Select Option			0.00	9.)
Contractual Services Total:						\$ 261,700.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Misc. Program Support	County Deflection Program	Yearly	172,053.00	1.0	172,053.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
2		Select Option			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		Select Option			0.00	2.)
4		Select Option			0.00	3.)
5		Select Option			0.00	4.)
6		Select Option			0.00	5.)
7		Select Option			0.00	6.)
8		Select Option			0.00	7.)
9		Select Option			0.00	8.)
10		Select Option			0.00	9.)
Housing & Facilities Total:					\$ 172,053.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					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.
2					0.00	1.)
3					0.00	2.)
4					0.00	3.)
5					0.00	4.)
6					0.00	5.)
7					0.00	6.)
8					0.00	7.)
9					0.00	8.)
10					0.00	9.)
Equipment Total:					\$ -	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Materials & Services	County Deflection Program	Clackamas County	8,000.00	1.0	8,000.00	1.) Materials needed to support the DDA3 in their role as program coordinator (Laptop, Phone, Supplies, etc.)
2					0.00	2.)
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.)
Supplies Total:					\$ 8,000.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Training Registration	County Deflection Program	Clackamas County	TBD	Training	1,000.00	1.00	1,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
2 Training Travel	County Deflection Program	Clackamas County	TBD	Travel	3,000.00	1.00	3,000.00	For travel line items, please indicate with which training it is associated. 1.) 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-escalation, or any other areas that will enhance the effectiveness of our program.
3				Select Option			0.00	2.) Associated travel for training(s) outlined above
4				Select Option			0.00	3.)
5				Select Option			0.00	4.)
6				Select Option			0.00	5.)
7				Select Option			0.00	6.)
8				Select Option			0.00	7.)
9				Select Option			0.00	8.)
10				Select Option			0.00	9.)
Training/Travel Total:					\$ 4,000.00			

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Indirect Overhead Costs	County Deflection Program	Clackamas County	\$ 68,946.00	1.) Indirect Costs for the DA's Office
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 68,946.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 435,810.00
Contractual Services	\$ 261,700.00
Housing & Facilities	\$ 172,053.00
Equipment	\$
Supplies	\$ 8,000.00
Training/Associated Travel	\$ 4,000.00
Administrative Costs	\$ 68,946.00
Subtotal	\$ 881,563.00

Administrative Costs	Total	% of Total Request
All Items	\$ 68,946.00	7%

*No more than 10%, without exception request

Total Budget Request: \$ 950,509.00

CLATSOP COUNTY

Application: 0000000010

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

Summary

ID: 0000000010

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

Cover Sheet

Completed - May 20 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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:	khanthorn@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 [HB 4002 \(2024\)](#) 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:	Intern Program Coordinator
Organization:	Clatsop County Sheriff's Office
Email Address:	khanthorn@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 Healthcare
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 Vredevelt, 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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Clatsop

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Deflection Program Coordinator	Clatsop BHD Program	Clatsop County	New	100	12500.0	11	137,500.00	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.) The Deflection Coordinator position is required by HB 4002 (2024) and is responsible for convening deflection program partners; grant reporting including tracking and reporting data required by the Oregon Criminal Justice Commission.
2							0.00 2.)	
3			Select Option				0.00 3.)	
4			Select Option				0.00 4.)	
5			Select Option				0.00 5.)	
6			Select Option	an for f			#VALUE! 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.)	
Personnel Total:							#VALUE!	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. *Capital construction may be requested in this category.*

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Deflection Recovery Ally (Clatsop Behavioral Healthcare)	Recovery Services Program	Personnel	Monthly	7,200.00	11.0	79,200.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative. 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 2.)	
3		Select Option	Select Option			0.00 3.)	
4		Select Option	Select Option			0.00 4.)	
5		Select Option	Select Option			0.00 5.)	
6		Select Option	Select Option			0.00 6.)	
7		Select Option	Select Option			0.00 7.)	
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:						\$ 79,200.00	

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.*

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Short-term housing support	Clatsop BHD Program	Monthly	500.00	15.0	7,500.00	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			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.)	
7		Select Option			0.00 7.)	
8		Select Option			0.00 8.)	
9		Select Option			0.00 9.)	
10		Select Option			0.00 10.)	
Housing & Facilities Total:					\$ 7,500.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 TruNarc/Handheld Raman Spectrometer: Unlimited Scans/ Onsite Training/ 4 year warranty.	Clatsop BHD	clatsop County Sheriff's Office	35,515.0	1.0	35,515.00	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.) 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-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, 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 Program.

TruNarc/Handheld Raman Spectrometer: Unlimited Scans/ 2 Online Training/ 4 year warranty.	Clatsop BHD	North county/South county LE agencies	32,515.0	2.0	65,030.00	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 opioids 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 identify 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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1) TruNarc Solution Kit (Type H) - 100, English	Clatsop BHD	Clatsop County Sheriff's Office/North/South County LE Agencies	733.00	6.0	4,398.00	1.) A phenomenon known as fluorescence can mask the Raman spectrometry signal of some narcotics such as street heroin. This Solution Kit enhances the Raman signal of the target substance while decreasing any nuisance fluorescence and thereby aiding in proper identification.
2) Pocketalk Plus	Clatsop BHD	All Clatsop BHD partners	340.00	30.0	10,200.00	2.) Pocketalk 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 used by 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 used by first responders/mobile crisis/etc, to communicate with non-english speaking individuals.
3) Office equipment/supplies	Clatsop BHD	Clatsop County Sheriff's Office 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) Bus tokens/transportation	Clatsop BHD	All Clatsop BHD partners	1.00	1,508.0	1,508.00	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 distributed by Mobile Crisis, and local law enforcement to assist clients with transportation.
6) Client Supports	Clatsop BHD	All Clatsop BHD partners	25.00	525.0	13,125.00	6.) Subsidy assistance will be available to Deflection program clients who lack basic support. Goodwill vouchers, prepaid cell phones, medications, clothing, birth certificates, identification 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	8.)
9					0.00	9.)
10					0.00	10.)
Supplies Total:			\$	36,931.00		

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1) Deflection Technical Assistance Regional Workshop	Clatsop BHD Program	Clatsop Behavioral Healthcare/Clatsop County Sheriff's Office/ Seaside Police 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.
2) Trauma Informed Response Training	Clatsop BHD Program	All Clatsop County LE/First Responders/Behavioral Healthcare workers	Clatsop County	Training	50.00	50.00	2,500.00	2.) Clatsop Deflection Program Coordinator will organize a county wide Trauma Informed Response to be offered to local Criminal Justice partners.
3) Drugs of abuse/Harm Reduction/Stigma/Language	Clatsop BHD Program	All Clatsop County LE/First Responders/Behavioral Healthcare workers	Clatsop County	Training	50.00	50.00	2,500.00	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, harm reduction principals, stigmatizing language, 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.)
Training/Travel Total:			\$	10,000.00				

Administrative Costs: 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.

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	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:	\$ 35,000.00	

Budget Request Totals: This section will 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
<i>Subtotal</i>	<i>#VALUE!</i>

Administrative Costs	Total	% of Total Request
All Items	\$ 35,000.00	#VALUE! *No more than 10%, without exception request

Total Budget Request:	#VALUE!
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COLUMBIA COUNTY

Application: 0000000035

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

Summary

ID: 0000000035

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

Cover Sheet

Completed - Jun 24 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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 identified in question C.2.

Word Limit: 75

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.

Word Limit: 75

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Columbia County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Administrative Case Specialist	Deflection Program	Community Justice	New	100	9010.0	6	54,060.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. This position will serve as the required Program Coordinator and fulfill those duties (Jan-June 2025) This Position will serve as the required Program Coordinator and fulfill those duties until a new position is filled. (Sept-Dec 2024)
2 Administrative Case Specialist	Deflection Program	Community Justice	Existing	75	9010.0	4	27,030.00	
3			Select Option				0.00	
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	
Personnel Total:							\$ 81,090.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1		Select Option	Monthly			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. 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	Select Option			0.00	
4		Select Option	Select Option			0.00	
5		Select Option	Select Option			0.00	
6		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			0.00	
10		Select Option	Select Option			0.00	
Contractual 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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Renovate Space in Law Library	Deflection Program	Per Item	129,257.00	1.0	129,257.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Create a space in the public law library building. This building will create a none law enforcement, treatment facing office. This removes the barriers and stigma that goes along with being cited or in need of treatment. This will truly help the program deflect individuals from the criminal justice system.
2		Select Option			0.00	
3		Select Option			0.00	
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	
Housing & Facilities Total:					\$ 129,257.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					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.
2					0.00	
3					0.00	
4					0.00	
5					0.00	
6					0.00	
7					0.00	
8					0.00	
9					0.00	
10					0.00	
Equipment Total:					\$ -	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Program Supplies	Deflection Program	Community Justice	3,000.00	1.0	3,000.00	Office supplies, business cards, deflection paperwork packets
2					0.00	(2.)
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.)
Supplies Total:					\$ 3,000.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1				Training			0.00	(1.)
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.)
7				Select Option			0.00	(7.)
8				Select Option			0.00	(8.)
9				Select Option			0.00	(9.)
10				Select Option			0.00	(10.)
Training/Travel Total:							\$ -	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Administration of Grant	Deflection	Community Justice	\$ 23,705.00	Administrative of the grant
2				(2.)
3				(3.)
4				(4.)
5				(5.)
6				(6.)
7				(7.)
8				(8.)
9				(9.)
10				(10.)
Administrative Total:			\$ 23,705.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 81,090.00
Contractual Services	\$ -
Housing & Facilities	\$ 129,257.00
Equipment	\$ -
Supplies	\$ 3,000.00
Training/Associated Travel	\$ -
Subtotal	\$ 213,347.00

Administrative Costs	Total	% of Total Request
All Items	\$ 23,705.00	10%

*No more than 10%, without exception request

Total Budget Request:	\$ 237,052.00
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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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Crook

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant projection period.

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:
1 LEADS Program Coordinator	LEADS Deflection program	Crook County Sheriff	Select Option	100	10750.0	12	129,000.00	The program coordinator is responsible for organizing and tracking the deflection program and communicating between all involved agency and participants
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.)
7			Select Option				0.00	(7.)
8			Select Option				0.00	(8.)
9			Select Option				0.00	(9.)
10			Select Option				0.00	(10.)
Personnel Total:							\$ 129,000.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1		Select Option	Monthly			0.00	(1.)
2		Select Option	Select Option			0.00	(2.)
3		Select Option	Select Option			0.00	(3.)
4		Select Option	Select Option			0.00	(4.)
5		Select Option	Select Option			0.00	(5.)
6		Select Option	Select Option			0.00	(6.)
7		Select Option	Select Option			0.00	(7.)
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:						\$ -	

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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1		Select Option			0.00	(1.)
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.)
7		Select Option			0.00	(7.)
8		Select Option			0.00	(8.)
9		Select Option			0.00	(9.)
10		Select Option			0.00	(10.)
Housing & Facilities Total:					\$ -	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 Computer for LEADs Coordinator	LEADs/Deflection	Crook County Sheriff	4,000.0	1.0	4,000.00	This is allow the purchase of a computer that's meets all needs of CJIS requirements and the associated network software and computer software for the LEADs program coordinator
2 Printer for LEADs Coordinator	LEADs/Deflection	Crook County Sheriff	500.0	1.0	500.00	
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:					\$ 4,500.00	

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.

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 Triplicate intake forms and client notices	LEADS/Deflection	Local Law enforcement agencies	2.00	1,000.0	2,000.00	1.) Creating triplicate forms which Local Law enforcement officer's will use when they contact eligible participants for the program in the field.
2 Office supplies for Leads Coordinator	LEADS/Deflection	Crook County Sheriff	10.00	110.0	1,100.00	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					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.)
Supplies Total:					\$ 3,100.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.
1 Job Shadow of existing LEADS Program	LEADS/Deflection	Crook County Sheriff Office	Salem	Travel	800.00	1.00	800.00	1.) Cover cost of motel for the LEADS Program Coordinator to travel to Marion County LEADS Program and observe their established program.
2 Job Shadow of existing LEADS Program	LEADS/Deflection	Crook County Sheriff Office	salem	Travel	600.00	1.00	600.00	2.) cover cost of staff per diem for travel
3				Select Option			0.00	3.)
4				Select Option			0.00	4.)
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.)
Training/Travel Total:					\$ 1,400.00			

Administrative Costs: 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.

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 LEADS Program Coordinator job search and recruitment	LEADS/Deflection Program	Crook County Sheriff	\$ 1,000.00	1.) This will cover associated with job postings and recruitment for the LEADS Program coordinator
2 Payroll and HR services for the LEADS Program Coordinator	LEADS/Deflection Program	Crook County	\$ 3,000.00	2.) this will cover the internal services fees for the HR Services, Legal Services, Payroll, and accounting service which are calculated on a per employee base
3 Management oversight of LEADS Program Coordinator	LEADS/Deflection Program	Crook County Sheriff	\$ 8,000.00	The LEADS Program Coordinator will be housed in the Community Corrections Division of the Crook County Sheriff Office. The Director of the Parole and Probation will be providing management oversight of this program.
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 12,000.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 129,000.00
Contractual Services	\$ -
Housing & Facilities	\$ -
Equipment	\$ 4,500.00
Supplies	\$ 3,100.00
Training/Associated Travel	\$ 1,400.00
Subtotal	\$ 138,000.00

Administrative Costs	Total	% of Total Request
All Items	\$ 12,000.00	8%

*No more than 10%, without exception request

Total Budget Request: \$ 150,000.00

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 [HB 4002 \(2024\)](#) 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:	joe.brundage@deschutes.org
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 [HB 4002 \(2024\)](#) 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?

Yes

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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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	
CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Deschutes County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:	
1 Program Coordinator	Oregon BHD Program	Deschutes County Sheriff's Office	New	100	15500.0	12	186,000.00	1.) 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	New	50	15500.0	9	69,750.00	2.) 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.	
3			Select Option				0.00	3.)	
4			Select Option				0.00	4.)	
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.)	
Personnel Total:							\$ 255,750.00		

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:	
1 LEAD Peer Case Mgr (IO)	Oregon BHD Program	Personnel	Hourly	40.00	2,080.0	83,200.00	1.) The 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	1,580.0	63,200.00	2.) The navigator will be connecting individuals with the appropriate resources to get help.	
3 Director of Comm Dev (IO)	Oregon BHD Program	Personnel	Hourly	56.25	188.9	10,625.00	3.) Person will work to engage community and find additional resources	
4 On-Call & OT Allowance (IO)	Oregon BHD Program	Personnel	Hourly	60.00	100.0	6,000.00	4.) Add'l funding for navigators	
5 LEAD Peer Case Mgr (BC)	Oregon BHD Program	Personnel	Hourly	40.00	2,080.0	83,200.00	5.) The navigator will be connecting individuals with the appropriate resources to get help.	
6 LEAD Peer Case Mgr (BC)	Oregon BHD Program	Personnel	Hourly	40.00	1,580.0	63,200.00	6.) The navigator will be connecting individuals with the appropriate resources to get help.	
7 Director of Comm Dev (BC)	Oregon BHD Program	Personnel	Hourly	50.00	100.0	5,000.00	7.) Person will work to engage community and find additional resources	
8 On-Call & OT Allowance (BC)	Oregon BHD Program	Personnel	Hourly	60.00	100.0	6,000.00	8.) Add'l funding for navigators	
9 Community Partners	Oregon BHD Program	Services	Yearly	1.00	25,000.0	25,000.00	9.) Add'l support from DA or Stabilization Center; also potential to use for short-term housing support for participants	
10						0.00	10.)	
Contractual Services Total:						\$ 345,425.00		

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:	
1		Monthly			0.00	1.)	
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.)	
7		Select Option			0.00	7.)	
8		Select Option			0.00	8.)	
9		Select Option			0.00	9.)	
10		Select Option			0.00	10.)	
Housing & Facilities Total:					\$ -		

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item.

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:	
1 Vehicle for Project Coordinator	Oregon BHD Program	DCSO	45,050.0	1.0	45,050.00	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 position regardless of subsequent grant funding. DCSO will contribute the fuel and mileage.	
2 Apricot Licencing	Oregon BHD Program	IO	5,000.0	1.0	5,000.00	2.) Software to track individuals in the program	
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:					\$ 50,050.00		

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Portable Workstation	Oregon BHD Program	DCSO	2,000.00	1.0	2,000.00	1.) Computer for Program Coordinator to work in the field
2 Portable Workstation	Oregon BHD Program	IO	2,000.00	2.0	4,000.00	2.) Computers for Ideal Options Navigators to work in the field
3 Portable Workstation	Oregon BHD Program	BC	2,000.00	2.0	4,000.00	3.) Computers for Best Care Navigators to work in the field
4 Printing, paper, ink, cards	Oregon BHD Program	DCSO	2,000.00	1.0	2,000.00	4.) Office and printing supplies for Program Coordinator
5 Ideal Options Office Supplies	Oregon BHD Program	IO	100.00	12.0	1,200.00	5.) Office and printing supplies for Ideal Options Program Navigators
6 Best Care Office Supplies	Oregon BHD Program	BC	100.00	12.0	1,200.00	6.) Office and printing supplies for Best Care Program Navigators
7 Cellphones (IO)	Oregon BHD Program	IO	600.00	2.0	1,200.00	7.) Cell phones for Ideal Options Program Navigators
8 Cellphones (BC)	Oregon BHD Program	BC	600.00	2.0	1,200.00	8.) Cell phones for Best Care Program Navigators
9 Language Services	Oregon BHD Program	IO / BC	1.45	446.0	646.70	9.) Translations services to work with individuals, as needed
10 Parking / Mileage	Oregon BHD Program	IO / BC	2.00	8,000.0	16,000.00	10.) Parking and mileage reimbursement for Program Navigators (Ideal Options and Best Care)
Supplies Total:					\$ 33,446.70	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1				Select Option			0.00	1.)
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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$ -	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Grant / Program Monitoring	Oregon BHD Program	DCSO	\$ 12,000.00	1.) Oversight of Deflection Program and all participants
2 Grant Reporting - Bus Mgr	Oregon BHD Program	DCSO	\$ 12,000.00	2.) Grant tracking and reporting, budgeting, attending meetings and promoting the program
3 Grant Tracking - Mgt Analyst	Oregon BHD Program	DCSO	\$ 12,000.00	3.) Grant tracking, invoicing, reimbursing, recording.
4 Grant Monitoring	Oregon BHD Program	IO	\$ 18,500.00	4.) 10% of Contracted Services
5 Grant Monitoring	Oregon BHD Program	BC	\$ 17,500.00	5.) 10% of Contracted Services
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 72,000.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 255,750.00
Contractual Services	\$ 345,425.00
Housing & Facilities	\$ -
Equipment	\$ 50,050.00
Supplies	\$ 33,446.70
Training/Associated Travel	\$ -
Subtotal	\$ 684,671.70

Administrative Costs	Total	% of Total Request
All Items	\$ 72,000.00	10%

*No more than 10%, without exception request

Total Budget Request: \$ 756,671.70

GILLIAM COUNTY

Application: 0000000033

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

Summary

ID: 0000000033
Last submitted: Jul 2 2024 01:30 PM (PDT)

Cover Sheet

Completed - Jun 25 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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:	jessica@rosegal.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

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, trauma-informed, 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 provide 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 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?

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 SHEET										
CCJ Grant Program:		Oregon Behavioral Health Deflection Program								
County Name(s):		Gilliam								
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. Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc. 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 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field. In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.										
Position Title	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount Requested	Incremental 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			
2							0.00			
3							0.00			
4							0.00			
5							0.00			
6							0.00			
7			Select Option				0.00	1		
8			Select Option				0.00	1		
9			Select Option				0.00	1		
10			Select Option				0.00	10		
Personnel Total:							\$	-		
Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.										
Directions: In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally). In the "Program/Project Supported" field, identify the specific program/project the contracted services support.										
Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount 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.)			
Peer Navigator	Deflection/CCS	Personnel	Monthly	3,901.00	12.0	38,812.00	Peer Navigator will make early contact/connection with referral, conduct a screening, provide warm off' for providers, and provide peer support throughout the process as well as beyond.			
Deflection coordinator	Deflection	Personnel	Monthly	3,000.00	12.0	32,000.00	Contract with Deflection Coordinator to do data reporting, initial determination of eligibility, report writing.			
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.			
Program Supervisor	Deflection/CCS	Personnel	Monthly	3,360.00	12.0	40,320.00	Provide clinical oversight of the Peer Navigator and Care Coordinator. Immediate short term supports to keep clients in a warm safe space until more permanent housing solution are found. First and last months rent for clients. CCS agency rent (just this program's portion).			
Housing and Facilities	Deflection/CCS	Services	Yearly	18,800.00	1.0	18,800.00	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 vehicle, I do not have the exact cost. I believe we could find one for \$28,000. The purpose is to transport Gilliam County deflection clients as needed to appointments, meetings, etc.			
Equipment	Deflection/CCS	Other	Yearly	29,200.00	1.0	29,200.00	Payment for medication (MOUD), especially for those who are just out of jail with no insurance, drivers license reinstatements, new clothes for job interviews, and basic office supplies for CCS personnel.			
Supplies	Deflection/CCS	Other	Yearly	3,575.00	1.0	3,575.00	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 employees.			
Training	Deflection/CCS	Other	Yearly	1,800.00	1.0	1,800.00				
		Select Option				0.00	1			
		Select Option				0.00	10			
Contractual Services Total:							\$	134,999.00		
Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work and short-term housing support for participants. Capital construction may be requested in this category.										
Directions: In the "Item Description" 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	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.)				
1					0.00					
2					0.00					
3					0.00					
4					0.00					
5					0.00					
6					0.00					
7					0.00					
8					0.00					
9					0.00					
10					0.00					
Housing & Facilities Total:						\$				
Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a usable life of two or more years, for a single item.										
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.										
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					0.00					
2					0.00					
3					0.00					
4					0.00					
5					0.00					
6					0.00					
7					0.00					
8					0.00					
9					0.00					
10					0.00					
Equipment Total:						\$				
Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category. Clients supplies 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.										
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					
2					0.00					
3					0.00					
4					0.00					
5					0.00					
6					0.00					
7					0.00					
8					0.00					
9					0.00					
10					0.00					
Supplies Total:						\$				
Training/Associated Travel: Eligible expenses for transportation, 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 "Organization(s) Served" field, list the entity(ies) that will have personnel attending training. In the "% this is 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 attendee.										

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.	
1							0.00		
2							0.00		
3				Select Option			0.00	1.)	
4				Select Option			0.00	4.)	
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.)	
							Training/Travel Total:	\$ -	
Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services.									
<p>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.</p>									
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.	
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community 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								2.)	
3								3.)	
4								4.)	
5								5.)	
6								6.)	
7								7.)	
8								8.)	
9								9.)	
10								10.)	
							Administrative Total:	\$ 15,000.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above			
Budget Categories	Category Totals		
Personnel	\$	-	
Contractual Services	\$	134,999.00	
Housing & Facilities	\$	-	
Equipment	\$	-	
Supplies	\$	-	
Training/Associated Travel	\$	-	
	Subtotal	\$	134,999.00
Administrative Costs	Total	% of Total Request	
All Items	\$	15,000.00	10% *No more than 10%, without exception request
Total Budget Request:	\$	149,999.00	

GRANT COUNTY

Application: 0000000032

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

Summary

ID: 0000000032

Cover Sheet

Completed - Jun 27 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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:	mroyalumatilla@pscc@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) 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

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, trauma-informed, 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 provide 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

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 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

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 [HB 4002 \(2024\)](#) 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

Budget Projection

A deflection program is defined in [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Grant

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Peer Navigator	Deflection	Community Counseling Solutions	New	53	5501.0	12	34,986.36	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 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 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.
3 Program Supervisor	Deflection	Community Counseling Solutions	New	17	8056.0	12	16,434.24	Provide clinical oversight of the Peer Navigators and Care Coordinator
4 Deflection Coordinator	Deflection	Community Counseling Solutions	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	
6							0.00	
7			Select Option				0.00	7.)
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ 77,694.60	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Program audit	Deflection/CCS	Other	Yearly	300.00	1.0	300.00	Annual fiscal audit
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.)
7		Select Option				0.00	7.)
8		Select Option				0.00	8.)
9		Select Option				0.00	9.)
10		Select Option				0.00	10.)
Contractual Services Total:						\$ 300.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Client Rent	Deflection	Monthly	500.00	6.0	3,000.00	Support with rent as need so customers are not evicted or can get into rental units
2 Client hotel rooms	Deflection	Monthly	100.00	5.0	500.00	Immediate short term supports to keep clients in a warm safe space until more permanent housing solutions are found
3 Rent	Deflection	Monthly	500.00	24.0	12,000.00	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
4 Utilities	Deflection	Monthly	200.00	24.0	4,800.00	prorated portion of utility costs
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.)
Housing & Facilities Total:					\$ 20,300.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 Lap tops	Deflection	CCS	800.00	2.0	1,600.00	Needed to do the work required
2 Printers	Deflection	CCS	100.00	2.0	200.00	Needed to do the work required
3 Vehicle	Deflection	CCS	28,000.00	1.0	28,000.00	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					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:					\$ 29,800.00	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Office Supplies	Deflection	CCS	308.70	2.0	617.40	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.) Items needed to set each employee up in their office - (stapler, writing utensils, stacking trays, ppaer, tape dispenser, etc.
2 Medication	Deflection	CCS	1,500.00	1.0	1,500.00	Some clients will not be able to obtain medication due to not having OHP at the time the medication is needed (i.e. client was in jail and OHP has not been restarted). We would want 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	2,988.00	Drivers license reinstatements, clothes for job interviews, transportation vouchers
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.)
Supplies Total:					\$ 5,105.40	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Deflection trainings	Deflection	CCS/Umatilla Deflection Program	Salem	Training	200.00	2.00	400.00	Presumably there will be a deflection training/symposium sometime during the year
2 Deflection trainings	Deflection	CCS/Umatilla Deflection Program	Salem	Travel	700.00	2.00	1,400.00	Gas/food/lodging for a 2 night training
3				Select Option			0.00	3.)
4				Select Option			0.00	4.)
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.)
Training/Travel Total:							\$ 1,800.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
Cell phone, fuel for client transport, advertising/HR support, payroll, support for accounts payable, receivable, cell phone service, vehicle service/maintenance, community 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.
1				2.)
2				3.)
3				4.)
4				5.)
5				6.)
6				7.)
7				8.)
8				9.)
9				10.)
10				
Administrative Total:			\$ 15,000.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
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	\$ 135,000.00

Administrative Costs	Total	% of Total Request
All Items	\$ 15,000.00	10%

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 [HB 4002 \(2024\)](#) 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.harney.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:	bobbjo.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 [HB 4002 \(2024\)](#) 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

- 1) Contact Symmetry Care (out of area individual- provide proof of contact by their local treatment provider) by Friday of week of police contact.
- 2) Engage w/ Symmetry Care on TBD basis for TBD time. (eg. five points of contact over 90 day period)
- 3) No new criminal activity corresponding with the TBD time (eg. "2) 90 day period))
- 4) Reduced substance use

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 [HB 4002 \(2024\)](#) 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

Budget Projection

A deflection program is defined in [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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.

[Hamey_BHD_24_R_07112024.xlsx](#)

Filename: Hamey_BHD_24_R_07112024.xlsx **Size:** 34.7 kB

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 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. Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant period.

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:	
1 Project Coordinator	Deflection	Harney County Sheriff's Office	New	100	3250.0	12	39,000.00	1.) Convening deflection program partners, managing grant program funds awarded, tracking, and reporting data as required by the Oregon Criminal Justice Commission. Collaborate 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.	
2 HCPP Rep Advisor	Deflection	Harney County Parol and Probation	New	100	650.0	12	7,800.00	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 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 stabilization resources. Since, Parol and Probation currently has knowledge base of navigating paths to these 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 HCDA Rep Secretary	Deflection	Harney County District Attorney's Office	New	100	1075.0	12	12,900.00	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 District 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 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 deflection cases.	
4 Prosecutor	Deflection	Currently State of Oregon	New	100	2596.0	12	31,152.00	4.) Develop criteria and review cases appropriate for deflection. Work w/ Deflection Coordinator on criteria for successful outcome. Communicate w/ stakeholders to educate the potential benefits of deflection and to foster the collaboration w/ the coordinator among stakeholders. In event client does not have successful outcome of initial deflection period, charge and manage case, that now has multiple more defined resolutions, that was previously on deflection to provide the necessary incentive to actively engage in initial phases of deflection.	
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.)	
Personnel Total:							\$	90,852.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:	
1		Select Option	Monthly			0.00	1.)	
2		Select Option	Select Option			0.00	2.)	
3		Select Option	Select Option			0.00	3.)	
4		Select Option	Select Option			0.00	4.)	
5		Select Option	Select Option			0.00	5.)	
6		Select Option	Select Option			0.00	6.)	
7		Select Option	Select Option			0.00	7.)	
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:							\$	-

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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:		
1		Yearly	20,000.00	1.0	20,000.00	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 have those resources (Family)		
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.)		
7		Select Option			0.00	7.)		
8		Select Option			0.00	8.)		
9		Select Option			0.00	9.)		
10		Select Option			0.00	10.)		
Housing & Facilities Total:							\$	20,000.00

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 Purchase / Repair / Replace Office equipment/space	Deflection	Harney County	5,000.0	1.0	5,000.00	1.) Separate phone line for deflection coordinator and support staff within DA's office to keep participants separate from pending cases, purchase laptop computer so coordinator can attend meetings with community partners and training, printer, new desk / chair
2 Office Supply	Deflection	Harney County	5,000.0	1.0	5,000.00	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 of apparel
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:								\$	10,000.00	

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 support.
 In the "Organization Served" field, identify the entity that will use the supplies.
 In the "Number of Units Required" field, indicate 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:
1 Client Stabilization	Deflection	Harney County	6,648.00	1.0	6,648.00	1.) Clients may need basic hygiene supplies, access to food while obtaining SNAP/Oregon Trail benefits or coordinating medical care
2					0.00	2.)
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.)
Supplies Total:					\$	6,648.00

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Training - Coordinator	Deflection	Harney County		Training	5,000.00	1.00	5,000.00	1.) As the coordinator comes online and deflection conducts training throughout the year the largest percentage of the training dollars go to this new role
2 Training - Prosecutor	Deflection	Harney County		Training	2,500.00	1.00	2,500.00	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 way to work cases
3 Travel - Coordinator	Deflection	Harney County		Travel	5,000.00	1.00	5,000.00	3.) While per diem rates have stayed the same, fuel and travel costs and rooms have increased significantly. To correspond with and registration fees
4 Training - Prosecutor	Deflection	Harney County		Select Option	2,500.00	1.00	2,500.00	3.) While per diem rates have stayed the same, fuel and travel costs and rooms have increased significantly. To correspond with and registration fees
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.)
Training/Travel Total:							\$	15,000.00

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Diminus	Deflection	Harney County	\$ 7,500.00	1.) Payroll and fiscal services
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$	7,500.00

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 90,852.00
Contractual Services	\$
Housing & Facilities	\$ 20,000.00
Equipment	\$ 10,000.00
Supplies	\$ 6,648.00
Training/Associated Travel	\$ 15,000.00
Subtotal	\$ 142,500.00

Administrative Costs	Total	% of Total Request
All Items	\$ 7,500.00	5%

*No more than 10%, without exception request

Total Budget Request: \$ 150,000.00

HOOD RIVER & WASCO COUNTIES

Application: 0000000034

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

Summary

ID: 0000000034
Last submitted: Jul 1 2024 07:43 AM (PDT)

Cover Sheet

Completed - Jun 24 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, and evidence-based.

Word Limit: 150

The participating counties have a significant Latino population. The team has a goal of recruiting and hiring bi-lingual/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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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: 0000000039
Last submitted: Jun 25 2024 02:32 PM (PDT)

Cover Sheet

Completed - Jun 25 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Wasco/Hood River

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Program Coordinator	Deflection	Hood River County	New	100	101,784.0	10	10,178,400	The position is required by the grant and is integral in its success. Responsible for programmatic oversight, reporting, supervision.
2 Peer Navigator	Deflection	Hood River County	New	100	7697.6	9	69,278.40	This position will be respond in the field to meet potential clients, coordinate with and provide service, meet with stakeholders, etc.
3 Overtime	Deflection	Hood River County	New	10	11945.0	10	11,945.00	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			Select Option				0.00	4.)
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.)
Personnel Total:							\$ 183,007.40	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1		Select Option				0.00	1.)
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.)
7		Select Option				0.00	7.)
8		Select Option				0.00	8.)
9		Select Option				0.00	9.)
10		Select Option				0.00	10.)
Contractual 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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
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.
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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option			0.00	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:					\$ 18,000.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 Laptops & peripherals	Deflection	Hood River/Wasco Counties	2,000.0	2.0	4,000.00	Each program employee will need a portable computer to work at multiple locations and in the field
2 Cellular Phones	Deflection	Hood River/Wasco Counties	1,000.0	2.0	2,000.00	Each program employee will need a cellular telephone to communicate with stakeholders and participants
3 Software	Deflection	Hood River/Wasco Counties	2,500.0	2.0	5,000.00	Misc. programmatic software and subscriptions to operate on county's system
4 DA Karpel Support	Deflection	Hood River/Wasco Counties	10,000.0	1.0	10,000.00	Upgrades to DA Karpel systems in Hood River and Wasco Counties to implement King County's model. King County has developed specific programming for LEAD and utilizes Karpel. The exact cost to implement the changes is not clear at this time but it is necessary to budget some amount of money to implement the new changes in both counties.
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:					\$ 21,000.00	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Food Cards	Deflection	Hood River/Wasco Counties	25.00	125.0	3,125.00	Used to overcome food related barriers for client stabilization
2 Bus Tickets	Deflection	Hood River/Wasco Counties	40.00	30.0	1,200.00	Used to overcome transportation related barriers
3 Food	Deflection	Hood River/Wasco Counties	500.00	1.0	500.00	On hand food to provide to initially stabilize clients when contact in the field is made, etc.
4 Pre-pay phone cards	Deflection	Hood River/Wasco Counties	25.00	100.0	2,500.00	Client assistance to ensure they can communicate with program, service providers, etc.
5 Program Incentives (Gift Cards)	Deflection	Hood River/Wasco Counties	25.00	125.0	3,125.00	Incentives for program participation, milestones, etc.
6 Fuel	Deflection	Hood River/Wasco Counties	3.50	1,000.0	3,500.00	Positions will require significant travel w/in local region.
7 Mileage Reimbursement	Deflection	Hood River/Wasco Counties	0.67	2,500.0	1,675.00	Positions may have to utilize their personal vehicles from time to time due to being on call or lack of county vehicle availability
8 Vehicle Repair	Deflection	Hood River/Wasco Counties	1.00	2,500.0	2,500.00	General vehicle maintenance and repair for county owned vehicle/s
9 General Supplies	Deflection	Hood River/Wasco Counties	1.00	5,000.0	5,000.00	General program supplies, misc office supplies, etc.
10					0.00	10.)
Supplies Total:					\$ 23,125.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Initial Program Training	Deflection	Hood River/Wasco Counties	Varies	Training	12,500.00	2.00	25,000.00	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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:					\$ 25,000.00			

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Payroll/IT/Purchasing	Deflection	Hood River/Wasco Counties	\$ 29,867.60	Hood River County will support the positions. Costs associated with employees to included budget/finance and IT supports/vehicle replacement
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 29,867.60	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 183,007.40
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	10%

*No more than 10%, without exception request

Total Budget Request: \$ 300,000.00

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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's Office
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?

Yes

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, trauma-informed, 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.

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 [HB 4002 \(2024\)](#) 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)

Budget Projection

Completed - Jul 10 2024

Budget Projection

A deflection program is defined in [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET	
CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Jackson County

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. Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Deflection Program Coord (Start Up)	Deflection	Jackson County Health & Human Services (JCHHS)	New	100	5952.6	6	35,715.50	1.) 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 operational partners; contracts with provider partners; workflows; a communication plan; data collection and reporting; assist in recruitment and selection of full time coord. Temporary position for up to 1040 hours.
2 Deflection Program Coord	Deflection	Jackson County Sheriff's Office (JCSO)	New	100	9802.3	10	98,023.33	2.) 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.
3 Deflection Program Data and Records Management	Deflection	JCSO	New	100	8250.5	10	82,505.00	3.) This full time support position will provide logistical, administrative, and documentation and reporting support to the coordinator and partners
4		Select Option					0.00	4.)
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.)
Personnel Total:							\$ 216,243.83	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contract services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Records Mang - Medford Police Dept (MPD)	Deflection	Personnel	Yearly	87,533.00	1.0	87,533.00	1.) 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.
2 Peer Navigator Team - Addictions Recovery Center, Inc. (ARC)	Deflection	Personnel	Yearly	200,000.00	1.0	200,000.00	2.) 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 Program.
3 Peer Navigator Team - OnTrack Rogue Valley (OnTrack)	Deflection	Personnel	Yearly	133,567.00	1.0	133,567.00	3.) 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 Program.
4 Outreach, engagement, and treatment services - Local providers to be identified	Deflection	Personnel	Yearly	100,000.00	1.0	100,000.00	4.) As Jackson is still in the planning phase, additional contracted provider partners have yet to be identified. There are several peer based organizations with specialty in working with individuals either justice system involved or substance use disorders or both. Specific personnel and services yet to be defined in the first year of program operations.
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.)
Contractual Services Total:						\$ 521,100.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:	
1 Office space for coordinator	JCHHS	Yearly	4,169.00	1.0	4,169.00	1.) Allocation for 6 months of office space and all facility related expenses for coordinator in JCHHS building at 140 S. Holly St., Medford.	
2 Office space for coordinator	JCSO	Yearly	5,000.00	1.0	5,000.00	2.) Allocation for ten months of office space for full time coordinator housed with Sheriff's Office.	
3 Emergency Housing & Temporary Shelter- Local providers to be identified	Deflection	Yearly	92,500.00	1.0	92,500.00	3.) Jackson partners have prioritized supports to assist Deflection participants with emergency, transitional and stabilizing shelter. The initial target population for Jackson's Deflection Program are unhoused. Safe shelter is essential to successful engagement in SUD treatment.	
4		Select Option			0.00	4.)	
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.)	
Housing & Facilities Total:						\$ 101,669.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 Vehicle	Deflection	JCSO	29,167.0	1.0	29,167.00	1.) 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 Vehicle	Deflection	ARC, OnTrack	28,000.0	2.0	56,000.00	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 recent acquisition. One time purchase.
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:								\$	85,167.00	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:	
1) Tablets	Deflection	MPD, ARC, OnTrack	1,000.00	7.0	7,000.00	1.) Tablets for law enforcement, peer navigator teams, and coordinator to facilitate referrals and documentation in the field.	
2) office supplies	Deflection	JCSO, MPD, ARC, OnTrack	2,000.00	1.0	2,000.00	2.) Routine office supplies, paper and printing for referral management and information for participants	
3) IT/Coms equipment, office furnishings	Deflection	JCSO	10,000.00	1.0	10,000.00	3.) One time costs to establish office, computer equipment, cell/desk phone for coordinator	
4) direct participant stabilizing supports	Deflection	ARC, OnTrack	20,000.00	2.0	40,000.00	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 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 providers.	
5) supplies	Deflection	TBD	20,519.00	1.0	20,519.00	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						0.00	6.)
7						0.00	7.)
8						0.00	8.)
9						0.00	9.)
10						0.00	10.)
Supplies Total:					\$	79,519.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:	
1) To be determined	Deflection	All partners	multiple	Select Option	2,000.00	20.00	40,000.00	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 individuals over the first year of the program for multiple training opportunities.	
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.)	
7				Select Option			0.00	7.)	
8				Select Option			0.00	8.)	
9				Select Option			0.00	9.)	
10				Select Option			0.00	10.)	
Training/Travel Total:							\$	40,000.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1) Admin related to program coordination	Deflection	Jackson County HHS	\$ 4,387.17	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/communications, etc.
2) Admin related to program coordination	Deflection	Jackson County Sheriff	\$ 23,320.00	2.) 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/communications, etc.
3) Admin related to records management	Deflection	Medford Police	\$ 9,503.00	3.) 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/communications, etc.
4) Admin related to peer navigator, assessment/intake/enrollment program delivery	Deflection	Addiction Recovery Center	\$ 25,850.00	4.) 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/communications, etc.
5) Admin related to peer navigator, assessment/intake/enrollment program delivery	Deflection	OnTrack Rogue Valley	\$ 20,757.00	5.) 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/communications, etc.
6) Admin related to housing/emergency shelter and other contracted Deflection related services	Deflection	Contractors yet to be identified	\$ 20,500.00	6.) 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/communications, etc.
7				NOTE: Any administrative or overhead cost in excess of allowable 10% will be provided in-kind by Deflection Program partner agency.
8				8.)
9				9.)
10				10.)
Administrative Total:			\$	104,317.17

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals	
Personnel	\$	215,243.83
Contractual Services	\$	521,100.00
Housing & Facilities	\$	101,669.00
Equipment	\$	85,167.00
Supplies	\$	79,519.00
Training/Associated Travel	\$	40,000.00
<i>Subtotal</i>	\$	<i>1,043,698.83</i>
Administrative Costs	Total	% of Total Request
All Items	\$ 104,317.17	9% *No more than 10%, without exception request
Total Budget Request:	\$	1,148,016.00

JOSEPHINE COUNTY

Application: 0000000011

Michelle Binker - mbinker@josephinecounty.gov
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000011

Last submitted: Jul 12 2024 12:14 PM (PDT)

Cover Sheet

Completed - Jul 1 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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?

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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET									
CC Grant Program	Oregon Behavioral Health Deflection Program								
County Name(s)	Josephine								
Personnel: Salaries, wages and fringe benefits costs for an 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. Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc. 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 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field. In the "Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.									
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:	
1) JCSO Deflection Liaison	BHD service	personnel	Josephine County Sheriff's Office	New	100	1,350.00	12	150,000.00	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 traveling rural/ly located individuals in deflection services.
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)	
7)				Select Option				0.00 7)	
8)				Select Option				0.00 8)	
9)				Select Option				0.00 9)	
10)				Select Option				0.00 10)	
Personnel Total:							\$ 150,000.00		
Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.									
Directions: In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally). In the "Program/Project Supported" field, identify the specific program/project the contracted services support.									
Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:		
1) Grants Pass Sobering Center Deflection Program Coordinator	BHD personnel	Personnel	Monthly	4,480.50	12.0	\$ 53,766.00	1) The Coordinator is a full-time (1 FTE) position hired by Grants Pass Sobering Center to track program participant data and services.		
2) Grants Pass Sobering Center Peer Support Specialist	BHD personnel	Personnel	Monthly	3,080.80	12.0	\$ 36,969.60	2) Peer-support Specialist is a full-time (1FTE) position hired by Grants Pass Sobering Center to provide one-on-one support for program participants.		
3) Grants Pass Sobering Center Peer Support Specialist	BHD personnel	Personnel	Monthly	3,080.80	12.0	\$ 36,969.60	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.		
4) Grants Pass Sobering Center Office/Screening space construction	BHD program office space	Other	Select Option	290,532.00	1.0	290,532.00	4) remodel work on an existing warehouse space at Grants Pass Sobering Center to create office space for the BHD Coordinator and room for BHD participant screening and assessments.		
5) Grants Pass Sobering Center Equipment - Vehicle	BHD service provision	Other	Select Option	34,000.00	1.0	34,000.00	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 residence, to treatment or after sobering care, and to ASAM appointments.		
6) Grants Pass Sobering Center Director	BHD administration/oversight	Personnel	Monthly	6,386.00	3.0	19,158.00	6) The Grants Pass Sobering Center Director currently oversees operations and will begin to oversee the BHD at 0.25 FTE.		
7) Grants Pass Sobering Center Supplies	BHD service provision	Other	Select Option	3,500.00	1.0	3,500.00	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) Grants Pass Sobering Center Vehicle supplies	BHD service provision	Other	Select Option	2,000.00	1.0	2,000.00	8) Fuel and appropriate maintenance cost for vehicle purchased by Grants Pass Sobering Center for transporting BHD program participants.		
9) Grants Pass Sobering Center Insurance	BHD service provision	Services	Select Option	3,000.00	1.0	3,000.00	9) Vehicle and additional liability coverage for facility through Hart Insurance.		
10) Grants Pass Sobering Center Equipment - computer, case management software + service	BHD service provision	Other	Select Option	51,456.00	1.0	51,456.00	10) A computer to be used at Grants Pass Sobering Center by the BHD Coordinator, software for case management tools, and communication with program partners, and IT support services (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 Jefferson IT and the organization is charged per computer at the rate of \$38 per month. Currently GPS 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 used to evaluate cumulative data regarding the success of the county's deflection program.		
Contractual Services Total:							\$ 531,351.20		
Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work and short-term housing support for participants. Capital construction may be requested in this category.									
Directions: In the "Item Description" field, identify what the expense covers (general). In the "Program/Project Supported" field, identify the specific program/project the expense supports.									
Item Description	Program/Project Supported	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:			
1)		Select Option			0.00 1)				
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)				
7)		Select Option			0.00 7)				
8)		Select Option			0.00 8)				
9)		Select Option			0.00 9)				
10)		Select Option			0.00 10)				
Housing & Facilities Total:							\$		
Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useful life of two or more years, for a single item.									
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.									
Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:			
1)					0.00 1)				
2)					0.00 2)				
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:							\$		
Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category. Clients supplies 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 support. 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.									
Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:			
1)					0.00 1)				
2)					0.00 2)				
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)				
Supplies Total:							\$		
Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.									
Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:	
1) PTACC - Deflection and pre-arrest summit training registration	BHD personnel training	Grants Pass Sobering Center	Seattle, WA	Training	450.00	4.00	1,800.00	1) data-driven training and deflection networking opportunity - PTACC - Deflection and pre-arrest summit training	
2) Peer-support certification	BHD personnel training	Grants Pass Sobering Center	Seattle, WA	Training	338.00	4.00	1,352.00	2) PTACC - Deflection and pre-arrest summit training & certification	
3) Training (MHP-SEA-MHP)	BHD personnel training	Grants Pass Sobering Center	Seattle, WA	Travel	200.00	4.00	800.00	3) PTACC - Deflection and pre-arrest summit training	
4) Hotel	BHD personnel training	Grants Pass Sobering Center	Seattle, WA	Travel	300.00	4.00	1,200.00	4) three nights at \$300/night x four participants -PTACC - Deflection and pre-arrest summit training	
5) per diem	BHD personnel training	Grants Pass Sobering Center	Seattle, WA	Travel	300.00	4.00	1,200.00	5) three days x 4 participants -PTACC - Deflection and pre-arrest summit training	
6) Deflection Technical Assistance Workshop	BHD program training	Southern Oregon, Options for Josephine County, Grants Pass Sobering Center, Options for Southern Oregon	Bend, OR	Training	0.00	6.00	0.00	6) recommended technical assistance workshop	
7) per diem	BHD program training	Southern Oregon, Options for Southern Oregon	Bend, OR	Travel	74.00	4.00	296.00	7) x four attendees	
8) hotel	BHD program training	Southern Oregon, Options for Southern Oregon	Bend, OR	Travel	206.00	4.00	824.00	8) lodging, one night, four attendees	
9)				Select Option			0.00 9)		
10)				Select Option			0.00 10)		
Training/Travel Total:							\$ 9,872.00		
Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services									
Directions: Fiscal 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.									
Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:					
1) Administration	BHD	Josephine County	\$ 15,000.00	1) Josephine County utilizes the de minimis rate of 10% of modified total direct costs.					
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									

10)		10.)	
		Administrative Total:	\$ 15,000.00
Budget Request Totals: This section will be automatically calculated based on the information provided above.			
Budget Categories	Category Totals		
Personnel	\$ 150,000.00		
Contractual Services	\$ 511,551.20		
Household & Facilities	\$ -		
Equipment	\$ -		
Supplies	\$ -		
Training/Associated Travel	\$ 9,872.00		
Subtotal	\$ 671,423.20		
Administrative Costs	Total	% of Total Request	
All Items	\$ 15,000.00	2%	*No more than 10%, without exception request.
Total Budget Request:		\$ 706,223.20	

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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.

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

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

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

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.

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 held in abeyance at the District Attorney's office, pending Deflection team outreach. Charges will only be filed after all outreach options are exhausted.

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 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.

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

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET										
CIC Grant Program:		Oregon Behavioral Health Deflection Program								
County Number:		Klamath								
Personnel: Salaries, wages and fringe benefits costs for an 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. Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc. 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 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field. In the "Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.										
Position Title	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages+fringe)	# Months Employed	Total Amount 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.		
1) Deflection Coordinator	BHD	Klamath County Community Correction	Existing	100	11113.0	12	133,596.00	1.) Will fulfill the role of Deflection Coordinator within the grant cycle.		
2) Deflection Care Navigator	BHD	Klamath County Community Correction	New	100	7424.3	12	89,091.60	2.) Will fulfill the role of Care Navigator within the grant cycle, providing resources, peer support and aide to the deflection coordinator, in any capacity that entails.		
3)			Select Option				0.00	1)		
4)			Select Option				0.00	2)		
5)			Select Option				0.00	3)		
6)			Select Option				0.00	4)		
7)			Select Option				0.00	5)		
8)			Select Option				0.00	6)		
9)			Select Option				0.00	7)		
10)			Select Option				0.00	10.)		
Personnel Total:							\$	222,687.60		
Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category. Directions: In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally). In the "Program/Project Supported" field, identify the specific program/project the contracted services support.										
Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount 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 "Personnel" as the contract category, please specify the associated FTE in this narrative.			
1)			Monthly			0.00	1.)			
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.)			
7)			Select Option			0.00	7.)			
8)			Select Option			0.00	8.)			
9)			Select Option			0.00	9.)			
10)			Select Option			0.00	10.)			
Contractual Services Total:							\$			
Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work and short-term housing support for participants. Capital construction may be requested in this category. Directions: In the "Item Description" 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	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. 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 fees, deposits and rent payments, utility assistance and helping meet the daily housing needs of this clients who are in between housing.				
1) Housing Help	BHD	Per Bed	1,000.00	30.0	30,000.00	1.)				
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.)				
7)		Select Option			0.00	7.)				
8)		Select Option			0.00	8.)				
9)		Select Option			0.00	9.)				
10)		Select Option			0.00	10.)				
Housing & Facilities Total:							\$	30,000.00		
Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a usable life of two or more years, for a single item. 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.										
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.) For the purchase of a van to be used for the Mobile Crisis Team. Van would be used when law 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 solely for deflection.				
1) Mobile Crisis Van	BHD	Klamath County Community Correction	50,000.00	1.0	50,000.00	1.)				
2)					0.00	2.)				
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:							\$	50,000.00		
Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category. Clients supplies 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.										
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.) To allow for incentives to be given to individuals who are successful within the Deflection program treatment services. These would include, but are not limited to, gift cards to help with daily needs, clothing vouchers for our local Southern Oregon Goodwill, hygiene products, and bus tickets.				
1) Incentives	BHD	All Program Participants	1.00	9,636.0	9,636.00	1.)				
2)					0.00	2.)				
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.)				
Supplies Total:							\$	9,636.00		
Training/Associated Travel: Eligible expenses for transportation, 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 DMS and federal USA 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 attendee.										
Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which trainee it is associated.		
1) Training/Education	BHD	All Program Participants	TBD	Training	1,000.00	20.00	20,000.00	1.) To have training capabilities for all program participants to ensure those helping with treatment services are trained/certified in all areas that could be useful to the individuals in Deflection treatment.		
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.)		
7)				Select Option			0.00	7.)		
8)				Select Option			0.00	8.)		
9)				Select Option			0.00	9.)		
10)				Select Option			0.00	10.)		
Training/Travel Total:							\$	20,000.00		
Administrative Costs: 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.										
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) Admin Fees	BHD	Klamath County Community Correction	36,924.00	1.) To support any and all administrative cost associated with the Deflection Program.						
2)				2.)						
3)				3.)						
4)				4.)						
5)				5.)						
6)				6.)						
7)				7.)						
8)				8.)						
9)				9.)						
10)				10.)						
Administrative Total:				\$	36,924.00					
Budget Request Totals: This section will be automatically calculated based on the information provided above. Budget Categories:										
Personnel	\$	222,687.60								
Contractual Services	\$									
Housing & Facilities	\$	30,000.00								
Equipment	\$	50,000.00								
Supplies	\$	9,636.00								
Training/Associated Travel	\$	20,000.00								
Subtotal	\$	332,323.60								

Administrative Costs	Total	% of Total Request	
All Items	5	36,924.00	100% *No more than 10%, without exception request
Total Budget Request: \$		389,247.00	

LANE COUNTY

Application: 0000000015

Alexandria Dreher - Alex.Dreher@lanecountyor.gov
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000015

Last submitted: Jul 31 2024 11:39 AM (PDT)

Cover Sheet

Completed - May 22 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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.

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 while completing deflection. Essentially, if someone completes deflection then the related criminal charges will not be filed. However, if someone does not complete the deflection program or does not participate fully then those original charges may be filed, and the person would proceed through the criminal justice system.

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CIC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Lane County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Deflection Program Coordinator	Deflection	Lane County	New	100	22538.7	13	293,002.97	1.) 1 FTE Program Manager at Lane County (Deflection Coordinator). Responsible for program implementation, compliance, and coordination. Required component of the CIC grant. (\$166,234 Salary, \$101,232 benefits for FY25). This position started at the end of FY24 to ensure rapid program ramp up.
2 Deflection Analyst	Deflection	Lane County	New	100	13634.2	11	149,975.98	2.) 1 FTE Sr. Program Services Coordinator (Deflection Analyst) who will assist with CIC grant coordination and compliance, data reporting and tracking, administration of grant and grant-seeking to complement Deflection program, collaboration between partners, and program development. Salary \$87,252, benefits \$62,724.
3 Paralegal	Deflection	Lane County	New	100	9573.8	12	114,885.00	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 services provider. Ensures deflection away from criminal justice system. Salary \$61,270, benefits \$53,615.
4			Select Option				0.00	4.)
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.)
Personnel Total:							\$ 557,863.95	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contract services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
To be RFPed: Deflection 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. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative.
1 Navigation Services	Deflection	Personnel	Monthly	70,000.00	10.0	700,000.00	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 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 participants needs are met (no direct payment to participant, subject to certain eligibility items). They will also track the required data for the program. October 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.
3 Lane Council of Governments Support	Deflection	Other	Yearly	25,000.00	1.0	25,000.00	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 hour. Estimate 210 hours.
4						0.00	
5		Select Option	Select Option			0.00	5.)
6		Select Option	Select Option			0.00	6.)
7		Select Option	Select Option			0.00	7.)
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:						\$ 755,000.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1		Per Item			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.
2		Per Item			0.00	
3		Select Option			0.00	3.)
4		Select Option			0.00	4.)
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.)
Housing & Facilities Total:					\$ -	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 IT Supplies	Deflection	Lane County	8,000.0	3.0	24,000.00	1.) Workstation, monitor, copier for 3 FTE Deflection Program staff at Lane County
2					0.00	2.)
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: \$ 24,000.00

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Client Assistance	Deflection Program	TBD dependent on RFP(s)	325,588.05	1.0	325,588.05	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 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, however purchases will be made to directly benefit clients and promote stability and health in compliance with CIC grant rules.
2 Office Supplies	Deflection Program	Lane County	1,000.00	1.0	1,000.00	2.) Office supplies (printing, ink, etc.) for Deflection program personnel at Lane County.
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.)
Supplies Total:					\$ 326,588.05	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
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 (\$425 early bird per person)
3 PTACC Conference- Travel	Deflection	Lane County	Seattle, WA	Travel	1,212.00	2.00	2,424.00	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.
4 PTACC Conference- Travel	Deflection	Contractor TBD	Seattle, WA	Travel	1,212.00	2.00	2,424.00	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 = \$316 per person, \$400 mileage reimbursement for carpool= \$1,212 per person.
5 Training for Law Enforcement Officers on Deflection Program	Deflection	Vendor TBD	Eugene, OR	Training	400.00	100.00	40,000.00	5.) Training (may be multiple occurrences) for law enforcement officers to understand the workflow associated with the new Deflection program. Training will include implicit bias training. Training will be provided by a vendor (TBD). Costs include room, food for training, mileage reimbursement for officers to attend. Note that training as identified as a high need 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 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				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.)
Training/Travel Total:							\$ 46,548.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
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.
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 189,953.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 557,863.95
Contractual Services	\$ 755,000.00
Housing & Facilities	\$ -
Equipment	\$ 24,000.00
Supplies	\$ 326,588.05
Training/Associated Travel	\$ 46,548.00
Subtotal	\$ 1,710,000.00

Administrative Costs	Total	% of Total Request

All Items	\$	189,953.00	10%
Total Budget Request:	\$	1,899,953.00	

*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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, and evidence-based.

Word Limit: 150

Many of the involved program partners have continued training requirements to ensure staff members receive on-going 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

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

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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):	Lincoln County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1	Lincoln County Deflection Program						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.
2			Select Option				0.00	
3			Select Option				0.00	
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	
Personnel Total:							\$ -	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Power House	Lincoln County Deflection Program	Services	Daily	500.00	300.0	150,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative. 1.) Priority for two beds per day at a cost of \$250 per bed, per day, at an in-patient detox facility. 2.) Working with Lincoln County Behavior Health to add resources for peer support, counselors, and other resources necessary to operate the stabilization center, which is in the process of opening within the next three months. Resources are necessary to address the additional individuals who will be deflected to the stabilization center under HB 4002. Our recent
2 Stabilization Center	Lincoln County Deflection Program	Services	Yearly	100,000.00	1.0	100,000.00	
3		Select Option	Select Option			0.00	
4		Select Option	Select Option			0.00	
5		Select Option	Select Option			0.00	
6		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			0.00	
10		Select Option	Select Option			0.00	
Contractual Services Total:						\$ 250,000.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Lodging	Lincoln County Deflection Program	Daily	150.00	371.0	55,650.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Short term housing for individuals who meet criteria for the Lincoln County Deflection Program, housing likely to include hotel/motel stays
2		Select Option			0.00	
3		Select Option			0.00	
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	
Housing & Facilities Total:					\$ 55,650.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					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.
2					0.00	
3					0.00	
4					0.00	
5					0.00	
6					0.00	
7					0.00	
8					0.00	
9					0.00	
10					0.00	
Equipment Total:					\$ -	

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.

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					0.00	2.)
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.)
Supplies Total:					\$ -	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.
1				Select Option			0.00	1.)
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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$ -	

Administrative Costs: 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.

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				1.)
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ -	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ -
Contractual Services	\$ 250,000.00
Housing & Facilities	\$ 55,650.00
Equipment	\$ -
Supplies	\$ -
Training/Associated Travel	\$ -
Subtotal	\$ 305,650.00

Administrative Costs	Total	% of Total Request
All Items	\$ -	0%

*No more than 10%, without exception request

Total Budget Request: \$ 305,650.00

LINN COUNTY

Application: 0000000031

Doug MArteeny - dmarteeny@co.linn.or.us
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000031
Last submitted: Jun 28 2024 05:12 PM (PDT)

Cover Sheet

Completed - Jun 20 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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

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Please download the Budget Projection Sheet ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Linn County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Program Coordinator	Linn County Deflection Program	Linn County D.A.	Existing	75	16399.0	12	147,591.00	This person 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 priorities 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 also continue to monitor unsuccessful deflection program participants to look for and oversee opportunities for conditional discharge and/or entrance into drug treatment court.
2 Deflection Facilitator	Linn County Deflection Program	Linn County D.A.	New	100	3577.0	12	42,924.00	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 analysis. This person will encourage and work to facilitate participation in treatment services.
3 Deflection Facilitator	Linn County Deflection Program	Linn County D.A.	New	100	3577.0	12	42,924.00	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 analysis. This person will encourage and work to facilitate participation in treatment services.
4 Addiction Specialist	Linn County Deflection Program	Linn County Health Dept.	New	100	9298.0	12	111,576.00	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 increase referrals to treatment.
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.)
Personnel Total:							\$ 345,015.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
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.
2 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		Select Option				0.00	3.)
4		Select Option				0.00	4.)
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.)
Contractual Services Total:						\$ 14,500.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1		Select Option			0.00	1.)
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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option			0.00	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:					\$ -	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					0.00	1.)
2					0.00	2.)
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:					\$ -	

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 support.
 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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Printing materials and supplies	Linn County Deflection Program	Linn County Health Department, Linn County D.A., and CHANCE	25,000.00	1.0	25,000.00	There 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 facilities, treatment agencies and partners.
2 Deflection graduation street outreach events	Linn County Deflectino Program	Linn County Health Department, Linn County D.A. and Chance	24,068.00	1.0	24,068.00	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					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.)
Supplies Total:					\$ 49,068.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Training	Linn County Deflection	Linn County Health Dept.	Unknown at this time	Training	5,000.00	1.00	5,000.00	No 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 trainings, 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.	Unknown at this time	Training	5,000.00	3.00	15,000.00	No 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 trainings, 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			0.00	3.)
4				Select Option			0.00	4.)
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.)
Training/Travel Total:					\$ 20,000.00			

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Admin Costs	Linn County Deflection Program	Linn County Health Dept.	\$23,810	Costs associated with job posting, interviewing, hiring, H.R. payroll.
2 Admin Costs	Linn County Deflection Program	Linn County D.A.	\$23,810	Costs associated with job posting, interviewing, hiring, H.R. payroll.
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 47,620.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 345,015.00
Contractual Services	\$ 14,500.00
Housing & Facilities	\$ -
Equipment	\$ -
Supplies	\$ 49,068.00
Training/Associated Travel	\$ 20,000.00
Subtotal	\$ 428,583.00

Administrative Costs	Total	% of Total Request
All Items	\$ 47,620.00	10%

*No more than 10%, without exception request

Total Budget Request:	\$ 476,203.00
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MALHEUR COUNTY

Application: 0000000027

Travis Johnson - tjohnson@malheurco.org
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000027
Last submitted: Jul 23 2024 08:44 AM (MDT)

Cover Sheet

Completed - Jun 12 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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 (Linguava).

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 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?

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

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

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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[Budget Projection Sheet BHD \(1\).xlsx](#)

Filename: Budget_Projection_Sheet_BHD (1).xlsx **Size:** 33.9 kB

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Malheur County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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.
1 Deflection Coordinator	County Deflection Program	Lifeways	Existing	25	12856.7	12	38,570.01	1.) Deflection Coordinator (DC) will track all individuals who enter into the deflection program and will complete all data reporting requirements. 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 overall 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 deflection services. DC will budget and track funds for program as well as establish all policies and procedures needed.
2 Deflection Engagement Specialist	County Deflection Program	Lifeways	New	50	5325.3	12	31,951.92	2.) The Deflection Engagement Specialist (DES) will be responsible for engaging all referrals through phone, in office, out in the community via telehealth, whichever is most convenient 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 encourage 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 management for the program. Lastly, the DES will follow participant through treatment to ensure engagement in treatment occurs as well as addressing any barriers that may exist.
3 Deflection Case Manager	County Deflection Program	Lifeways	Existing	25	5235.4	12	15,706.23	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.
4			Select Option				0.00	4.)
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.)
Personnel Total:							\$ 86,228.16	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount 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 "personnel" as the contract category, please specify the associated FTE in this narrative.
1		Select Option	Monthly			0.00	1.)
2		Select Option	Select Option			0.00	2.)
3		Select Option	Select Option			0.00	3.)
4		Select Option	Select Option			0.00	4.)
5		Select Option	Select Option			0.00	5.)
6		Select Option	Select Option			0.00	6.)
7		Select Option	Select Option			0.00	7.)
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:						\$ -	

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:
 In the "Item Description" 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	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.
1 Lifeways Program Housing	County Deflection Program	Monthly	375.00	30.0	11,250.00	1.) This would cover rent and utilities for 3-months for up to 10 participants for Lifeways Program Housing (eligibility requirements must be met). Participant would learn independent living skills while engaging in treatment services.
2 Hotel	County Deflection Program	Weekly	555.00	35.0	19,425.00	2.) This would provide a hotel for 1-week for up to 20 participants if needed while seeking more permanent housing solutions.
3		Select Option			0.00	3.)
4		Select Option			0.00	4.)
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.)
Housing & Facilities Total:					\$ 30,675.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

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 iPad Pro with pen and keyboard	County Deflection Program	Lifeways	1,899.00	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.
2 FLEX Software for Data Dashboard	County Deflection Program	Lifeways	10,000.00	1.0	10,000.00	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					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:							\$	11,899.00

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.

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	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 Lifeways	10.00	50.0	500.00	4.) To assist with engagement efforts. May be used to buy participant a meal or coffee/drink or other minor 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, kitchen gadgets), or gift cards (food, drink, fuel etc.)
6					0.00	6.)
7					0.00	7.)
8					0.00	8.)
9					0.00	9.)
10					0.00	10.)
Supplies Total:					\$	4,500.00

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.
1							0.00	1.)
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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$	-

Administrative Costs: 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.

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	Administrative support for meetings/reports etc	County Divers/Deflection Malheur County Law Enforcement	\$ 15,000.00	1.) Support for local law enforcement for increased duties related to tracking/reporting for deflection program
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$	15,000.00

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 86,228.16
Contractual Services	\$ -
Housing & Facilities	\$ 30,675.00
Equipment	\$ 11,899.00
Supplies	\$ 4,500.00
Training/Associated Travel	\$ -
Subtotal	\$ 133,302.16
Administrative Costs	
Total	% of Total Request
All Items	\$ 15,000.00 10% *No more than 10%, without exception request
Total Budget Request:	\$ 148,302.16

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 [HB 4002 \(2024\)](#) 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 Commissioners
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 [HB 4002 \(2024\)](#) 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?

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 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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Marion County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Management Analyst 1	STABLE Group	Marion County Sheriff	New	100	9070.0	12	108,840.00	1.) Data Analysis as it relates to diversion efforts for individuals experiencing mental health and substance use issues in the community.
2 LEAD Navigator	STABLE Group	Marion County Sheriff	New	100	6875.5	12	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.
3 Deputy Sheriff Enforcement	STABLE Group	Marion County Sheriff	New	100	10491.0	12	125,892.00	3.) The STABLE Group deputy will accompany the LEAD Navigator and QMHCP during diversion efforts in the community while providing accountability for behavioral change.
4 Mental Health Specialist 2 (QMHP)	Mobile Crisis Team	Marion County HHS	New	100	12299.2	12	147,590.04	1.) A QMHP will be dedicated to the Mobile Crisis Team, they will respond to calls from 9-1-1 and the non-emergency line dispatch to those that need stabilization for mental health or substance use disorders. Services will include a crisis screening, de-escalation and connection to community resources in order to reduce the need for law enforcement intervention or arrest.
5 Deputy District Attorney 2	District Attorney RESTORE Court	Marion County DA's Office	New	100	13036.5	12	156,438.00	A dedicated Deputy District Attorney will be assigned to support the STABLE Deferral Program and RESTORE Court Cases to expedite processing of individual who enter into the programs
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.
7 Deputy	RESTORE Court Work Crew	Marion County Sheriff	New	100	13307.8	12	159,693.60	To support and oversee the RESTORE Court Work Crew, RESTORE Court Work Crews are an extension of deflection benefits to otherwise ineligible participants and reflects our attempt to expand the spirit of HB 4002 to additional charges driven by addiction. This position is a work crew leader responsible for supervision and management of the restitution work crew opportunities associated with the Restore docket. The individuals eligible and assigned to this work crew are actively involved in addition treatment associated with the 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 criminal justice system as completion of treatment and restitution result in expungement of associated criminal charges.
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ 873,965.64	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Sparkle Laundry Services	STABLE Group	Services	Yearly	142.00	1.0	142.00	1.) Additional laundry services for deputy uniforms as required by collective bargaining agreement estimated increase.
2 Willamette Valley First Responder Chaplain	STABLE Group	Services	Yearly	134.50	1.0	134.50	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 team are interacting with a vulnerable population and we have experienced deaths associated with overdose and other complications related to the addiction crisis. The chaplain is available to provide services to all levels of the program experiencing trauma.
3 Willamette Valley Communications Center, Dispatch Services	STABLE Group	Services	Yearly	18,465.00	1.0	18,465.00	3.) Additional dispatch services for deputy estimated increased usage of Willamette Valley Communications Center.
4 Microsoft 365	STABLE Group 1/District Attorney's Office 2	Services	Yearly	7,500.00	3.0	22,500.00	4.) Microsoft 365 Licences for new devices for new FTE.
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.
6 Canon, Multi-function printer lease	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.
7 Multiple, Software licenses/maintenance	STABLE Group 1/ District Attorney's Office 2	Services	Yearly	4,188.00	3.0	12,564.00	7.) Data Collection/Analysis software, GIS Software purchase, licenses, and maintenance for new FTE.
8 Verizon Data Connections and Cell Phones	STABLE Group 1/District Attorney's Office 1	Services	Yearly	1,932.00	2.0	3,864.00	8.) Data connections for computer air cards and cell phone service for deputy and LEAD Navigator.
9 Marion County Public Works, Fleet Lease and Motor Pool	STABLE Group	Services	Yearly	17,327.00	1.0	17,327.00	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 program will be adding an outreach team consisting of a sworn deputy, a LEAD navigator and a QMHP. They will be directly working in the field with our vulnerable and addiction population. This vehicle will be equipped with supplies for stabilization, basic needs, etc, to assist with rapport building and behavior change associated with the program. The vehicle will be assigned to the sworn deputy who is also responsible for the safety of our citizens beyond their role in the deflection program. This vehicle is equipped with the necessary tools 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 response requiring a fully outfitted patrol vehicle for facilitation.
10 Random Urinalysis Services	STABLE Group	Services	Yearly	30,000.00	1.0	30,000.00	10.) WorkSAFE utilized for sample collection and Redwood Toxicology for confirmation. Those participating in the LEAD program and committing to addiction treatment and recovery 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 integrity and validity of the program. Providing a positive test for drug use is not an immediate disqualifier from the program but will be used as another accountability tool for compliance.
Contractual Services Total:						\$ 105,435.50	

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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:	
1 Immediate Housing	STABLE Group	Yearly	1,177.00	1.0	1,177.00	1.) Hotels and other immediate shelter options for clients.	
2 Short-term Housing	STABLE Group	Yearly	15,519.00	1.0	15,519.00	2.) Subsidized housing or rentals generally for three to six months for clients as needed.	
3		Select Option			0.00	3.)	
4		Select Option			0.00	4.)	
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.)	
Housing & Facilities Total:						\$ 16,696.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1 Fleet vehicle initial purchase	STABLE Group	Marion County Sheriff's Office	63,514.0	1.0	63,514.00	1.) Initial 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 capital acquisition cost associated with this vehicle (procurement) and then the lease is consistent with our consolidated fleet lease program which contributes to the maintenance and replacement purchase of the initial vehicle.
2 Kevlar Vest	Mobile Crisis Team	Marion County HHS	1,000.0	1.0	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 Ocular Drug Testing	Deflection (LEADs) and RESTORE Court	Marion County Sheriff's Office	24,000.0	1.0	24,000.00	3.) Ocular 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 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 urinalysis. This is a non-invasive accountability tool to ensure compliance with the program.
4 Computers	STABLE Group	Marion County Sheriff's Office	8,960.4	1.0	8,960.44	4.) Computers for new FTE.
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:					\$ 97,474.44	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Office Supplies + Chairs	STABLE Group	Marion County Sheriff's Office	2,161.00	1.0	2,161.00	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 cabinets for new FTE (\$250).
2 Departmental and Field Supplies	STABLE Group	Marion County Sheriff's Office	1,023.00	1.0	1,023.00	2.) Departmental supplies: safety supplies, flashlights, crime scene tape, flares, batteries, gloves, rain ponchos, waterproof blankets, handwarmers, trash bags, tarps, blankets. Field supplies: tactical lights and other non-office supplies for the deputy.
3 Household Items	STABLE Group	Marion County Sheriff's Office	1,777.00	1.0	1,777.00	3.) Household items to establish residence including but not limited to kitchen utensils and cookware, livingroom and bedroom furniture, basic cleaning appliances, bathroom accessories.
4 Uniforms and Clothing	STABLE Group	Marion County Sheriff's Office	4,685.00	1.0	4,685.00	4.) Uniforms 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	STABLE Group	Marion County Sheriff's Office	12,989.00	1.0	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 needed.
7 Transportation	STABLE Group	Marion County Sheriff's Office	833.00	1.0	833.00	7.) Bus passes, etc. for client needs.
8 Office Set-up and Supplies	Deferral Program and RESTORE Court	Marion County DA's Office	6,029.00	2.0	12,058.00	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 participate in the STABLE Deferral program or the RESTORE Court program.
9 RESTORE Court Work Crew	RESTORE Court Work Crew	Marion County Sheriff's Office	11,170.00	1.0	11,170.00	9.) Misc. Supplies, fuel, cell phone, medical services and supplies, vehicle maintenance, lease, portable toilets, safety clothing and equipment, small hand tools and power equipment. The RESTORE court 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 other projects requiring specific tools and supplies for the facilitation (ex: rakes, shovels, yard tools, power equipment, paint, brushes, cleaning supplies).
10					0.00	
Supplies Total:					\$ 49,959.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Training: LEAD- Navigator	STABLE Group	Marion County Sheriff's Office		Training	866.00	1.00	866.00	1.) LEAD Navigator case management training.
2 Wellness action recovery plan	STABLE Group	Marion County Sheriff's Office		Training	600.00	1.00	600.00	2.) LEAD Navigator Certification.
3 Certified Recovery Mentor	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.
4 EPICS I	STABLE Group	Marion County Sheriff's Office		Training			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.)
Training/Travel Total:							\$ 3,966.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 County central services allocation	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.
2 Indirect Costs	Mobile Crisis Team	Marion County HHS	\$ 16,510.00	1.) Indirect costs for Marion County centralized services including human resources, financial services, risk/facilities management, and information technology.
3 County central services allocation	RESTORE Court	Marion County District Attorney's Office	\$ 31,867.78	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.)
7					7.)
8					8.)
9					9.)
10					10.)

Administrative Total: \$ 127,499.62

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 873,965.64
Contractual Services	\$ 105,435.50
Housing & Facilities	\$ 16,696.00
Equipment	\$ 97,474.44
Supplies	\$ 49,959.00
Training/Associated Travel	\$ 3,966.00
Subtotal	\$ 1,147,496.58

Administrative Costs	Total	% of Total Request
All Items	\$ 127,499.62	10%

***No more than 10%, without exception request**

Total Budget Request: \$ 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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, trauma-informed, 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 provide 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 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.

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 - Jul 1 2024

Data Acknowledgements

A deflection program is defined in [HB 4002 \(2024\)](#) 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)

Budget Projection

Completed - Jul 1 2024

Budget Projection

A deflection program is defined in [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Morrow County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1 Deflection Coordinator	Deflection	Morrow County	New	12.5	6993.0	12	10,489.50	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Check program eligibility for each referral, formally refer individuals to Peer Navigators, report data to CJC, write grant reports
2			New				0.00	
3			New				0.00	
4			New				0.00	
5							0.00	
6							0.00	
7			Select Option				0.00 (7.)	
8			Select Option				0.00 (8.)	
9			Select Option				0.00 (9.)	
10			Select Option				0.00 (10.)	
Personnel Total:							\$ 10,489.50	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 CCS Peer Navigator	Deflection Program	Personnel	Monthly	5,501.00	12.0	66,012.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. 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 beyond.
2 Care Coordinator	Deflection Program	Personnel	Monthly	1,133.00	12.0	13,596.00	
3 Program Supervisor	Deflection Program	Personnel	Monthly	1,370.00	12.0	16,440.00	
4			Yearly			0.00	
5			Yearly			0.00	
6		Other	Yearly			0.00	
7		Other	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	

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:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1 Housing	Deflection	Yearly	21,600.00	1.0	21,600.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Client support for rent, short term lodging, utilities, deposits
2					0.00	
3					0.00	
4					0.00	
5					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.)	
Housing & Facilities Total:					\$ 21,600.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					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.
2					0.00	
3					0.00	
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:					\$	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:	
1 Laptop and mobile printer	Deflection	CCS	1,000.00	2.0	2,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.	
2 Basic supplies	Deflection	CCS	1,062.50	1.0	1,062.50	Laptops, printers	
3 Other supplies	Deflection	CCS	2,000.00	1.0	2,000.00	Basic office supplies, client medications, drivers license reinstatement fees, clothes for employment interviews, other client specific funds.	
4					0.00	Cell phone, fuel for client transport, cell phone service, vehicle service/maintenance	
5					0.00	4.)	
6					0.00	5.)	
7					0.00	6.)	
8					0.00	7.)	
9					0.00	8.)	
10					0.00	9.)	
Supplies Total:					\$ 5,062.50	10.)	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1				both	900.00	2.00	1,800.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. For travel line items, please indicate with which training it is associated.
2				Select Option			0.00	Deflection training for two individuals. Includes lodging, fuel, food, cost of training
3				Select Option			0.00	3.)
4				Select Option			0.00	4.)
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.)
Training/Travel Total:							\$ 1,800.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 HR support, payroll, support for accounts payable, receivable, advertising, community education, audit	Deflection	CCS	\$ 15,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program.
2				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.
3				2.)
4				3.)
5				4.)
6				5.)
7				6.)
8				7.)
9				8.)
10				9.)
Administrative Total:			\$ 15,000.00	10.)

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 10,489.50
Contractual Services	\$ 96,048.00
Housing & Facilities	\$ 21,600.00
Equipment	\$
Supplies	\$ 5,062.50
Training/Associated Travel	\$ 1,800.00
Subtotal	\$ 135,000.00

Administrative Costs	Total	% of Total Request
All Items	\$ 15,000.00	10%

*No more than 10%, without exception request

Total Budget Request: \$ 150,000.00

MULTNOMAH COUNTY

Application: 0000000013

Sheri Campbell - sheri.campbell@multco.us
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000013
Last submitted: Jul 19 2024 04:31 AM (UTC)

Cover Sheet

Completed - Jun 25 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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?

Yes

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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Multnomah

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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.
1 Program Director/Coordinator	Multnomah County Deflection Program	Multnomah County	New	100	17500.0	10	175,000.00	1.) Serve as linkage between the Leadership Team, Operations Subcommittee, data analysts, and contracted service providers. Work with Communications staff to ensure access to data-driven information about the program and its impact on public safety
2 Data Analyst	Multnomah County Deflection Program	Multnomah County	New	100	13400.0	10	134,000.00	2.) Work with the Program Director to implement data collection strategies across partners, analyze collected data to evaluate effectiveness for use by Leadership and Operations teams, and prepare reporting for continual improvement, contractual requirements and public communications efforts.
3 Program Specialist Senior	Multnomah County Deflection Program	Multnomah County	New	100	14000.0	10	140,000.00	3.) Work with Program Director to develop, implement, monitor, coordinate, and provide ongoing evaluation for the program.
4 Mental Health Consultant	Multnomah County Deflection Program	Multnomah County	Existing	100	14000.0	10	140,000.00	4.) QMHA/QMHP; Support screenings, assessments, and connections to treatment, recovery, and other services for deflection participants.
5 PATH Care Coordinator	Multnomah County Deflection Program	Multnomah County	Existing	100	14000.0	10	140,000.00	5.) Promoting Access to Hope (PATH) CAD; Support screenings, assessments, and connections to treatment, recovery, and other services for deflection participants.
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.)
Personnel Total:							\$ 729,000.00	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount 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 "personnel" as the contract category, please specify the associated FTE in this narrative.
1 Transportation Provider TBD	Treatment Readiness Drop off Center	Services	Monthly	64,200.00	10.0	642,000.00	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 Center when requested by Referring Officer.
2 Security	Treatment Readiness Drop off Center	Services	Monthly	49,000.00	10.0	490,000.00	2.) Contracted provider to support need for 24/7security coverage, 2 officers for a 12 hour shift.
3 Facility Operations Contracts includes provider TBD	Treatment Readiness Drop off Center	Personnel	Monthly	164,115.20	10.0	1,641,152.00	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 specialist as well as costs for food, clinical/medical/office supplies, and medical director/NP supports.
4		Select Option				0.00	4.)
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.)
Contractual Services Total:						\$ 2,773,152.00	

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.

Directions:
 In the "Item Description" 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	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.
1 Facility Lease	Treatment Readiness Drop off Center	Monthly	18,000.00	12.0	216,000.00	1.) Annual lease for building to operate Drop-off center
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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option			0.00	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:					\$ 216,000.00	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

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					0.00	1.)
2					0.00	2.)
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:									\$	-

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1 Participant Supplies	Multnomah County Deflection Program	Drop off program	6,300.00	10.0	63,000.00	1.) Hygiene Kits, blankets, laundry Supplies for use by Participants while in the drop off center
2					0.00	2.)
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.)
Supplies Total:					\$	63,000.00

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:	For
1 Training for officers, partners and Center Staff, specifics TBD	Multnomah County Deflection Program	Law enforcement partners, TBD Facilities operator, Partner staff and Multnomah County staff	TBD	Training	840.00	100.00	84,000.00	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	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.)	
7				Select Option			0.00	7.)	
8				Select Option			0.00	8.)	
9				Select Option			0.00	9.)	
10				Select Option			0.00	10.)	
Training/Travel Total:							\$	84,000.00	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1				1.)
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$	-

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 729,000.00
Contractual Services	\$ 2,773,152.00
Housing & Facilities	\$ 216,000.00
Equipment	\$ -
Supplies	\$ 63,000.00
Training/Associated Travel	\$ 84,000.00
Subtotal	\$ 3,865,152.00
Administrative Costs	Total % of Total Request
All Items	\$ - 0% *No more than 10%, without exception request

Total Budget Request:	\$ 3,865,152.00
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POLK COUNTY

Application: 0000000016

Jodi Merritt - merritt.jodi@co.polk.or.us
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000016
Last submitted: Jul 18 2024 05:30 PM (UTC)

Cover Sheet

Completed - May 23 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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?

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 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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET	
CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Polk County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:	
1 Deflection Coordinator	Deflection Program	Community Corrections	Existing	75	8524.0	12	76,716.00	The Deflection Coordinator will provide general oversight and coordination of the program. Provide ongoing communication to partners and engage in monitoring participants in the program. Funding is requested for a 0.75 FTE.	
2 Deputy District Attorney	Deflection Program	District Attorney	Existing	20	9312.0	12	22,348.80	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 with processing of citations to Conditional Discharge agreements.	
3			Select Option				0.00	3.)	
4			Select Option				0.00	4.)	
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.)	
Personnel Total:							\$ 99,064.80		

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:	
1 Law Enforcement Steering Committee Participation/support	Deflection Program	Personnel	Hourly	60.00	100.0	6,000.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. If you selected "personnel" as the contract category, please specify the associated FTE in this narrative. Funds are requested to support participation in the steering committee by local law enforcement members. These funds will assist local police departments and Sheriff's Office in offsetting 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 - exact amounts provided to each department will be dependant on referrals and is to be determined.	
2 Training Video - Produced by Independence Police Department	Deflection Program	Services	Hourly	100.00	60.0	6,000.00	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 consistent 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			0.00	3.)	
4		Select Option	Select Option			0.00	4.)	
5		Select Option	Select Option			0.00	5.)	
6		Select Option	Select Option			0.00	6.)	
7		Select Option	Select Option			0.00	7.)	
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:						\$ 12,000.00		

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:	
1 Rental Assistance/Transitional Housing	Deflection Program	Monthly	500.00	5.0	2,500.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. 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 participation without the fear of losing stability/housing. Funds would be used for applications, deposits, rent, utilities, hotel vouchers, and other costs associated with housing.	
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.)	
7		Select Option			0.00	7.)	
8		Select Option			0.00	8.)	
9		Select Option			0.00	9.)	
10		Select Option			0.00	10.)	
Housing & Facilities Total:					\$ 2,500.00		

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

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	TruNarc	Deflection Program	Monmouth, Independence, and Dallas Police departments and the Sheriff's Office			38,000.0	2.0	76,000.00	We are requesting funds to purchase two TruNarc devices to assist law enforcement with narcotic identification for appropriate handling of substances. These devices will allow for the identification of the substance without exposing the officers to potentially life threatening circumstances. The two devices will be shared across 4 of our law enforcement agencies - one device to be shared between Monmouth PD and Independence PD and one device to be shared between the Sheriff's Office and Dallas PD. Costs include device, unlimited online training, software upgrades, and onsite training. With the re-criminalization of illicit substances, our law enforcement partners will be handling substances that may be potentially lethal. With the threat and potency of fentanyl and carfentanil there is a heightened threat to public safety. To save lives and protect law enforcement officers, these substances need to be identified quickly, safely and accurately. These devices provide rapid identification of drugs and can assist in reducing the backlog of cases at crime labs through early identification, which supports deflecting individuals into our program.
2								0.00	The use of these machines will allow for an immediate conversation with the individuals, displaying credible results of the substances they were found to be in possession of. With many substances now being laced with fentanyl, the use of these devices will allow for a clear understanding of the potential risks of continued use for the individual. We believe these machines will encourage conversations with the individuals on the substances they're using and further encourage engagement in our deflection program. We believe this will increase access to treatment resources quicker than if they refused deflection and requested a court process. Ultimately, the court process will require the substance to be verified via the crime lab, which is currently facing backlogs and the potential increase of these delays due to HB4002. Additionally, we anticipate the crime lab will prioritize their work, which may cause further delays, assuming testing for a PCS-U substance will not take priority over murder cases/sexual assaults, etc. We believe the use of these machines will support more of an immediate discussion and engagement in our deflection program/treatment services instead of the potential delay that would be seen if the individual was referred to the court system.
3								0.00	We believe we will be able to divert more individuals and have a higher likelihood of successful engagement in treatment services if the substances are immediately identified.
4								0.00	
5								0.00	
6								0.00	
7								0.00	
8								0.00	
9								0.00	
10								0.00	
				Equipment Total:	\$	76,000.00			

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:	
1 Client Supports	Deflection Program	Community Corrections	50.00	50.0	2,500.00	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, etc.	
2 Deflection Brochure / Treatment contact cards	Deflection Program	Monmouth, Independence, Salem, Dallas, Grand Ronde Police Departments and the Sheriff's Office	55.00	8.0	440.00	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 services. Funds would be used for printing, paper, design development, boxes of cards, etc.	
3					0.00		
4					0.00		
5					0.00		
6					0.00		
7					0.00		
8					0.00		
9					0.00		
10					0.00		
				Supplies Total:	\$	2,940.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1 Deflection Technical Assistance Regional Workshop	Deflection Program	District Attorney, Law Enforcement, Deflection Coordinator, Community Corrections, Behavioral Health	Portland	Travel	180.00	6.00	1,080.00	Hotel costs to allow for Deflection Team to attend the Regional Deflection Technical Assistance Workshops.
2				Training			0.00	
3				Select Option			0.00	
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	
				Training/Travel Total:	\$	1,080.00		

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Administrative Costs	Deflection Program	Community Corrections	\$ 20,837.20	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. 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.)

				Administrative	
				Total:	\$ 20,837.20

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals		
Personnel	\$ 99,064.80		
Contractual Services	\$ 12,000.00		
Housing & Facilities	\$ 2,500.00		
Equipment	\$ 76,000.00		
Supplies	\$ 2,940.00		
Training/Associated Travel	\$ 1,080.00		
Subtotal	\$ 193,584.80		
Administrative Costs	Total	% of Total Request	
All Items	\$ 20,837.20	10%	*No more than 10%, without exception request

Total Budget Request:	\$ 214,422.00
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TILLAMOOK COUNTY

Application: 0000000030

Erin Skaar - erin.skaar@tillamookcounty.gov
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000030
Last submitted: Jul 15 2024 03:40 PM (PDT)

Cover Sheet

Completed - Jun 24 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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

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, trauma-informed, 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?

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

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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Tillamook

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1			Select Option				0.00	1.)
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.)
7			Select Option				0.00	7.)
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ -	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 Adventist Health Tillamook- Project Management	BHD program planning	Services	Yearly	135,000.00	1.0	135,000.00	1.) Community partner Adventist Health Tillamook to manage program planning and initial implementation, including all related expenses such as project coordinator, training, other contract services that may be required, etc.
2		Select Option	Select Option			0.00	2.)
3		Select Option	Select Option			0.00	3.)
4		Select Option	Select Option			0.00	4.)
5		Select Option	Select Option			0.00	5.)
6		Select Option	Select Option			0.00	6.)
7		Select Option	Select Option			0.00	7.)
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:						\$ 135,000.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1		Select Option			0.00	1.)
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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option			0.00	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:					\$ -	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					0.00	1.)
2					0.00	2.)
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:					\$ -	

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.

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					0.00	2.)
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.)
Supplies Total:					\$ -	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.
1				Select Option			0.00	1.)
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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$ -	

Administrative Costs: 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.

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	Administrative/indirect costs	BHS program planning	County of Tillamook	\$ 15,000.00	1.) Administrative costs for County financial and legal oversight of the grant.
2					2.)
3					3.)
4					4.)
5					5.)
6					6.)
7					7.)
8					8.)
9					9.)
10					10.)
Administrative Total:				\$ 15,000.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ -
Contractual Services	\$ 135,000.00
Housing & Facilities	\$ -
Equipment	\$ -
Supplies	\$ -
Training/Associated Travel	\$ -
Subtotal	\$ 135,000.00

Administrative Costs	Total	% of Total Request
All Items	\$ 15,000.00	10%

*No more than 10%, without exception request

Total Budget Request:	\$ 150,000.00
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UMATILLA COUNTY

Application: 0000000008

Mark Royal - mroyal@oregoncounties.org
Oregon Behavioral Health Deflection Program (23-25)

Summary

ID: 0000000008

Last submitted: Jul 12 2024 10:24 AM (PDT)

Cover Sheet

Completed - May 30 2024

Cover Sheet

A deflection program is defined in [HB 4002 \(2024\)](#) 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:	mroyalumatillapscc@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 [HB 4002 \(2024\)](#) 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:	mroyalumatilla@pscc@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?

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 obedience 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, trauma-informed, 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 provide 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 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Umatilla

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:
1			Select Option				0.00	1.)
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.)
7			Select Option				0.00	7.)
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ -	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:
1 CCS Peer Navigator	Deflection Program CCS	Personnel	Monthly	5,501.00	24.0	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	6.0	48,336.00	Provide clinical oversight of the Peer Navigators and Care Coordinator. .5 FTE.
3 CCS Care Coordinator	Deflection Program CCS	Personnel	Monthly	6,660.00	6.0	39,960.00	Care Coordinator will schedule appointments, providing patient education, ensuring good communication between various healthcare providers and the criminal justice system. .5 FTE.
4 CCS Deflection Coordinator	Deflection Program CCS	Personnel	Monthly	10,573.00	3.0	31,719.00	Check program eligibility for each referral, formally refer individuals to Peer Navigators, report data to CJC, write grant reports .25 FTE. The vehicle will be a purchase made by CCS for the purpose of use with the 2 Peer Navigators only.
5 Housing & Facilities CCS	Deflection Program CCS	Services	Yearly	21,800.00	1.0	21,800.00	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 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	1.0	30,700.00	3 Computers \$800 ea, 3 Printers \$100 ea, 1 Vehicle \$28,000. All required to accommodate 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.
7 Office Supplies, Medication, Client Specific Expenses	Deflection Program CCS	Other	Yearly	7,560.00	1.0	7,560.00	Office Supplies for new employees, medications for those awaiting or unable to obtain OHP coverage, client special needs fund.
8 Travel & Training	Deflection Program CCS	Other	Yearly	2,900.00	1.0	2,900.00	Required trainings for Coordinator and necessary trainings for Peer Navigators.
9						0.00	
10		Select Option	Select Option			0.00	10.)
Contractual Services Total:						\$ 314,999.00	

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:
1		Select Option			0.00	1.)
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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option	V		#VALUE!	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:						#VALUE!

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:
1					0.00	1.)
2					0.00	2.)
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:					\$ -	

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:
1					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.
2					0.00	1.)
3					0.00	2.)
4					0.00	3.)
5					0.00	4.)
6					0.00	5.)
7					0.00	6.)
8					0.00	7.)
9					0.00	8.)
10					0.00	9.)
Supplies Total:					\$ -	10.)

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1				Select Option			0.00	1.)
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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$ -	

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1 Indirect Costs	Deflection Program CCS	CCS	\$ 34,707.00	For each requested item to the left, provide a brief justification as to how it meets or fulfills the purpose/intent of the program. Funds will be directed to CCS as they administer 100% of the Deflection Program.
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:			\$ 34,707.00	

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ -
Contractual Services	\$ 314,999.00
Housing & Facilities	#VALUE!
Equipment	\$ -
Supplies	\$ -
Training/Associated Travel	\$ -
Subtotal	#VALUE!
Administrative Costs	Total
All Items	\$ 34,707.00
	% of Total Request
	#VALUE!
	*No more than 10%, without exception request
Total Budget Request:	#VALUE!

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 [HB 4002 \(2024\)](#) 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

Applicant Eligibility Questions

A deflection program is defined in [HB 4002 \(2024\)](#) 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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Union County

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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:	
1 Deflection/Deferred	Deflection/Deferred Program	DA's Office	New	100	5794.9	12	69,539.28	1.) Convene deflection / deferred program partners for the operation of the program, manage grant program funds, track and report data.	
2 Prosecution Coordinator	Deflection/Deferred Program	DA's Office	Select Option				0.00	2.)	
3 Peer Responder	Deflection/Deferred Program	Center for Human Development	Select Option	100	5794.9	12	69,538.80	3.) Peer support worker to engage participants early on the the deflection process.	
4			Select Option				0.00	4.)	
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.)	
Personnel Total:							\$ 139,078.08		

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:	
1 Assure Drug Detection UA's	Deflection/Deferred Program	Services	Hourly	26.00	75.0	1,950.00	1.) UA's to ensure compliance with recommendations of the program.	
2 Misc. Treatment Providers	Deflection/Deferred Program	Services	Select Option	50.00	25.0	1,250.00	2.) Treatment for those not covered by insurance through our local behavioral health agency or out of town.	
3		Select Option	Select Option			0.00	3.)	
4		Select Option	Select Option			0.00	4.)	
5		Select Option	Select Option			0.00	5.)	
6		Select Option	Select Option			0.00	6.)	
7		Select Option	Select Option			0.00	7.)	
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:						\$ 3,200.00		

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.

Directions:
 In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:	
1		Select Option			0.00	1.)	
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.)	
7		Select Option			0.00	7.)	
8		Select Option			0.00	8.)	
9		Select Option			0.00	9.)	
10		Select Option			0.00	10.)	
Housing & Facilities Total:					\$ -		

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:	
1 Laptop w/ Accessories	Deflection/Deferred Program	DA's Office	811.6	1.0	811.56	1.) Program computer, Laptop bag, USB Hub, External Optical Drive for program use.	
2 Scanner	Deflection/Deferred Program	DA's Office	330.0	1.0	330.00	2.) Scanning program documents into the database system.	
3 Printer	Deflection/Deferred Program	DA's Office	529.0	1.0	529.00	3.) Printer for program use.	
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:					\$ 1,670.56		

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.

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 Supplies	Deflection/Deferred Program	DA's Office	500.00	1.0	500.00	1.) Program coordinator office chair.
2 Notebook/Journal/Planner	Deflection/Deferred Program	DA's Office	3.00	20.0	60.00	2.) Program participant materials.
3 Bus Passes	Deflection/Deferred Program	DA's Office	68.00	20.0	1,360.00	3.) Bus passes to get participants to and from appointment.
4 Treatment Books	Deflection/Deferred Program	DA's Office	25.00	25.0	625.00	4.) Books for groups such as MRT.
5 Gas Vouchers	Deflection/Deferred Program	DA's Office	20.00	50.0	1,000.00	5.) Gas vouchers to enable participants to get and from treatment.
6 Office Supplies	Deflection/Deferred Program	DA's Office	25.00	100.0	2,500.00	6.) Daily Office Supplies such as toner, pens, and paper.
7					0.00	7.)
8					0.00	8.)
9					0.00	9.)
10					0.00	10.)
Supplies Total:					\$ 6,045.00	

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	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. For travel line items, please indicate with which training it is associated.
1				Select Option			0.00	1.)
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.)
7				Select Option			0.00	7.)
8				Select Option			0.00	8.)
9				Select Option			0.00	9.)
10				Select Option			0.00	10.)
Training/Travel Total:							\$ -	

Administrative Costs: 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.

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				1.)
2				2.)
3				3.)
4				4.)
5				5.)
6				6.)
7				7.)
8				8.)
9				9.)
10				10.)
Administrative Total:				\$ -

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 139,078.08
Contractual Services	\$ 3,200.00
Housing & Facilities	\$ -
Equipment	\$ 1,670.56
Supplies	\$ 6,045.00
Training/Associated Travel	\$ -
<i>Subtotal</i>	<i>\$ 149,993.64</i>

Administrative Costs	Total	% of Total Request
All Items	\$ -	0% *No more than 10%, without exception request

Total Budget Request: \$ 149,993.64

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 [HB 4002 \(2024\)](#) 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:	joe_simich@washingtoncountyor.gov
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 [HB 4002 \(2024\)](#) 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:	joe_simich@washingtoncountyor.gov
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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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

BUDGET PROJECTION SHEET

CJC Grant Program:	Oregon Behavioral Health Deflection Program
County Name(s):	Washington

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. *Examples could include LEAD Team, Mobile Crisis Team, County Deflection Program, etc.*
 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
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.

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.
1 Sr. Program Coordinator	Deflection Operations Team	Washington County	New	100	17775.5	12	213,306.48	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.
2 Deputy District Attorney IV	Deflection Operations Team	Washington County	New	100	23623.9	12	283,486.92	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 Implementation 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 Program.
3 Lieutenant	Deflection Operations Team	Washington County	New	100	21444.6	12	257,334.96	3.) Sheriff's 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	198,406.44	4.) Will be responsible for day to day coordination of Operations Team and tracking all participants. Will be liaison with treatment partners and mentors with the Operations Team.
5 Legal Specialist II	Deflection Operations Team	Washington County	New	100	9722.0	12	116,664.00	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
6 Sheriff's Deputy	Deflection Operations Team	Washington County	New	100	3333.3	12	39,999.96	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 arraignment so that they can get connected with treatment and other services our Deflection Operations Team can offer.
7			Select Option				0.00	7.)
8			Select Option				0.00	8.)
9			Select Option				0.00	9.)
10			Select Option				0.00	10.)
Personnel Total:							\$ 1,109,198.76	

Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.

Directions:
 In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally).
 In the "Program/Project Supported" field, identify the specific program/project the contracted services support.

Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount 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 "personnel" as the contract category, please specify the associated FTE in this narrative.
1 Peer mentor services	Deflection Program	Personnel	Monthly	17,500.00	12.0	210,000.00	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 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				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.)
7		Select Option				0.00	7.)
8		Select Option				0.00	8.)
9		Select Option				0.00	9.)
10		Select Option				0.00	10.)
Contractual Services Total:						\$ 210,000.00	

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.

Directions:
 In the "Item Description" 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	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.
1		Select Option			0.00	1.)
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.)
7		Select Option			0.00	7.)
8		Select Option			0.00	8.)
9		Select Option			0.00	9.)
10		Select Option			0.00	10.)
Housing & Facilities Total:					\$ -	

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

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.

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					0.00	1.)
2					0.00	2.)
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:	\$	-

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.

Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:	
1 Flex funds	Deflection Operations Team	Washington County	29,158.24	1.0	29,158.24	Transportation, incentives, and basic needs supplies for persons served by Deflection Program.	
2					0.00	(2.)	
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.)	
Supplies Total: \$ 29,158.24							

Training/Associated Travel: Eligible expenses for transportation, 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 "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 attendee.

Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:
1				Select Option			0.00	(1.)
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.)
7				Select Option			0.00	(7.)
8				Select Option			0.00	(8.)
9				Select Option			0.00	(9.)
10				Select Option			0.00	(10.)
Training/Travel Total:							\$	-

Administrative Costs: 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.

Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:
1				(1.)
2				(2.)
3				(3.)
4				(4.)
5				(5.)
6				(6.)
7				(7.)
8				(8.)
9				(9.)
10				(10.)
Administrative Total:			\$	-

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals
Personnel	\$ 1,109,198.76
Contractual Services	\$ 210,000.00
Housing & Facilities	\$ -
Equipment	\$ -
Supplies	\$ 29,158.24
Training/Associated Travel	\$ -
Subtotal	\$ 1,348,357.00

Administrative Costs	Total	% of Total Request
All Items	\$ -	0%
*No more than 10%, without exception request		

Total Budget Request:	\$ 1,348,357.00
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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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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?

Yes

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 and disposition option. Conviction and sentencing will vary based on the outcome of the 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, trauma-informed, 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 [HB 4002 \(2024\)](#) 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 [HB 4002 \(2024\)](#) 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 ([click here](#)), 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 [clicking here](#).

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 PROJECTION SHEET									
CIC Grant Program:		Oregon Behavioral Health Diversion Program							
County Name(s):		Yamhill County Sheriff's Office							
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. Examples could include LEAD Team, Mobile Crisis Team, County Diversion Program, etc. In the "% Time per Month" field, use whole numbers to show percentage of position's time dedicated to grant-related work. Example: a 50% (a half-time case manager) = 50 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field. In the "Months Employed" field, indicate the number of months the position is expected to be funded during the grant project period.									
Position Title	Program/Project Supported	Employing Agency	New or Existing Position	% Time per Month	Monthly Rate (wages/fringe)	# Months Employed	Total Amount Requested	Contract Narrative:	
1. YCSO Program Coordinator	County Diversion Program	Yamhill County Sheriff's Office	New	100	7188.5	17	122,194.5	1.1	The coordinator will manage grant, track and report data required of CIC for individuals, and be one of the direct conduits between all partners.
2. HHS Human Services Specialist 1	County Diversion Program	YC Health and Human Services	New	100	9726.8	17	165,356.1	2.1	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 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 recovery work.
3. Deputy District Attorney II	County Diversion Program	YC District Attorney's Office	Existing	50	1,463.0	17	124,304.0	3.1	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 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 the county in court proceedings and provide recommendations on plea, sentencing and dismissal based on case review from law enforcement to support grant funded program.
4			Select Option				0.00	4.1	
5			Select Option				0.00	5.1	
6			Select Option				0.00	6.1	
7			Select Option				0.00	7.1	
8			Select Option				0.00	8.1	
9			Select Option				0.00	9.1	
10			Select Option				0.00	10.1	
Personnel Total:							\$ 412,034.91		
Contractual Services: An individual or organization providing a service or programmatic aspect of the work that is not provided directly by the grant recipient. Capital construction may be requested in this category.									
Directions: In the "Contract Title & Purpose" field, identify the contractor and what services the contract covers (generally). In the "Program/Project Supported" field, identify the specific program/project the contracted services support.									
Contract Title & Purpose	Program/Project Supported	Contract Category	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Contractual Services Narrative:		
1. DA Office Renovation	YC Diversion Program	Services	Select Option	4,266.80	1.0	4,266.80	1.1	1.1	DA's Office will split a single office into two. Needs wall, door, electrical and internet. Internal VC Maintenance will handle project.
2		Select Option	Select Option			0.00	2.1		
3		Select Option	Select Option			0.00	3.1		
4		Select Option	Select Option			0.00	4.1		
5		Select Option	Select Option			0.00	5.1		
6		Select Option	Select Option			0.00	6.1		
7		Select Option	Select Option			0.00	7.1		
8		Select Option	Select Option			0.00	8.1		
9		Select Option	Select Option			0.00	9.1		
10		Select Option	Select Option			0.00	10.1		
Contractual Services Total:							\$ 4,266.80		
Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work and short-term housing support for participants. Capital construction may be requested in this category.									
Directions: In the "Item Description" 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	Unit Type	Price per Unit	# Units Required	Total Amount Requested	Housing & Facilities Narrative:			
1		Select Option			0.00	1.1	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		Select Option			0.00	2.1			
3		Select Option			0.00	3.1			
4		Select Option			0.00	4.1			
5		Select Option			0.00	5.1			
6		Select Option			0.00	6.1			
7		Select Option			0.00	7.1			
8		Select Option			0.00	8.1			
9		Select Option			0.00	9.1			
10		Select Option			0.00	10.1			
Housing & Facilities Total:						\$			
Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useful life of two or more years, for a single item.									
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.									
Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Equipment Narrative:			
1. DA Furniture (Desk, hutch, chair)	YC Diversion Program	DA's Office	3,000.00	1.0	3,000.00	1.1	Furniture for DA II position in new stand alone office to focus on grant needs of individuals.		
2. YCSO Furniture (Desk, hutch, chair)	YC Diversion Program	Yamhill County Sheriff's Office	3,000.00	1.0	3,000.00	2.1	Furniture for YCSO Program Coordinator position to work on all requirements of grant and job description.		
3. DA Laptop, monitors, docking station, scanner, keyboard, mouse, printer	YC Diversion Program	DA's Office	3,500.00	1.0	3,500.00	3.1	Office equipment for DA II position to fulfill the needs of the grant		
4. YCSO Laptop, monitors, docking station, scanner, keyboard, mouse, printer	YC Diversion Program	Yamhill County Sheriff's Office	3,500.00	1.0	3,500.00	4.1	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	3,000.00	1.0	3,000.00	5.1	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 furniture.		
6. ShoreTel Desk Phone/Cell phones	YC Diversion Program	HHS, DA, YCSO	2,800.00	1.0	2,800.00	6.1	Desk phones with extension purchased through the county and cellphone through each Department's phone plans for a year.		
7. HHS AWD Vehicle	YC Diversion Program	HHS	30,000.00	1.0	30,000.00	7.1	This all-wheel drive vehicle will exclusively be utilized for transportation as Specialists can meet individuals out in the field, provide transportation if necessary for initial assessments to meet grant needs.		
8					0.00	8.1			
9					0.00	9.1			
10					0.00	10.1			
Equipment Total:						\$ 48,800.00			
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 support. 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.									
Item Description	Program/Project Supported	Organization Served	Price per Unit	# Units Required	Total Amount Requested	Supplies Narrative:			
1. DA Dues-DBL Yamhill Bar Dues	YC Diversion Program	District Attorney's Office	1,400.00	1.0	1,400.00	1.1	These dues will cover Oregon State Bar and Yamhill County Bar along with criminal code book and sentencing erid.		
2. DA Software	YC Diversion Program	District Attorney's Office	500.00	1.0	500.00	2.1	This will need computer software (adobe pro and ADO).		
3					0.00	3.1			
4					0.00	4.1			
5					0.00	5.1			
6					0.00	6.1			
7					0.00	7.1			
8					0.00	8.1			
9					0.00	9.1			
10					0.00	10.1			
Supplies Total:						\$ 1,900.00			
Training/Associated Travel: Eligible expenses for transportation, lodging, per diem, and registrations for training 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 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 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 attendee.									
Training Title	Program/Project Supported	Organization Served	Location of Training	Is this a Training or Travel Cost?	Training or Travel Costs (Per Individual)	# of Individuals Attending	Total Amount Requested	Training/Associated Travel Narrative:	
1. DA Training	YC Diversion Program	District Attorney's Office	Unknown	Training	1,000.00	1.00	1,000.00	1.1	Phase holder for DA's Diversion Training FY2024/25
2. DA Travel	YC Diversion Program	District Attorney's Office	Unknown	Travel	1,000.00	1.00	1,000.00	2.1	Phase holder for DA's Diversion Travel FY2024/25
3. HHS Training	YC Diversion Program	Health and Human Services	Unknown	Training	1,000.00	1.00	1,000.00	3.1	Phase holder for HHS Diversion Training FY2024/25
4. HHS Travel	YC Diversion Program	Health and Human Services	Unknown	Travel	1,000.00	1.00	1,000.00	4.1	Phase holder for HHS Diversion Travel FY2024/25
5. YCSO Training	YC Diversion Program	Yamhill County Sheriff's Office	Unknown	Training	1,000.00	1.00	1,000.00	5.1	Phase holder for YCSO Diversion Training FY2024/25
6. YCSO Travel	YC Diversion Program	Yamhill County Sheriff's Office	Unknown	Travel	1,000.00	1.00	1,000.00	6.1	Phase holder for YCSO Diversion Travel FY2024/25
7				Select Option			0.00	7.1	
8				Select Option			0.00	8.1	
9				Select Option			0.00	9.1	
10				Select Option			0.00	10.1	
Training/Travel Total:							\$ 6,000.00		
Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, accounting and staff services.									
Directions: Fiscal 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 Served" field, identify the entity that will be conducting the administrative activities.									
Item Description	Program/Project Supported	Organization Served	Total Amount Requested	Administrative Costs Narrative:					
1. Finance Specialist	YC Diversion Program	Yamhill County Sheriff's Office	12,128.25	1.1	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				2.1					
3				3.1					
4				4.1					
5				5.1					
6				6.1					
7				7.1					
8				8.1					
9				9.1					
10				10.1					
Administrative Total:			\$ 12,128.25						

Budget Request Totals: This section will be automatically calculated based on the information provided above

Budget Categories	Category Totals	
Personnel	\$ 41,034.95	
Contractual Services	\$ 4,266.80	
Housing & Facilities	\$ -	
Equipment	\$ 48,800.00	
Supplies	\$ 1,900.00	
Training/Associated Travel	\$ 6,000.00	
	Subtotal	\$ 473,000.75
Administrative Costs	Total	% of Total Request
All Items	\$ 12,128.25	3%
		*No more than 10%, without exception request
Total Budget Request:	\$ 485,129.00	