

# **2025-2027 Grant Solicitation for County Governments Improving People’s Access to Community-Based Treatment, Supports, and Services (IMPACTS) Grant Program**

**Application Due Date:** January 23, 2026, at 11:59 PM PST

## **Purpose:**

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

## **Eligible Applicants:**

Eligible applicants include Oregon county governments. An applicant may submit a multi-jurisdictional application on behalf of a consortium of government partners. Eligible regional consortia may be comprised of counties applying jointly and/or a county or counties applying jointly with a tribal government or governments.

## **Program Goals and Priorities:**

The IMPACTS grant program seeks to fill a service gap for individuals who have behavioral health diagnoses and are high utilizers of criminal justice and healthcare resources. For consideration by all applicants, the Grant Review Committee seeks to operate this grant program in accordance with the following goals, and may give additional priority thereof:

1. Reduce the number of jail bookings and emergency department hospitalizations for the target population in favor of diversion to coordinated community-based treatment, supports, and services;
2. Improve data collection, tracking, and evaluation for IMPACTS program outcomes;
3. Invest in jurisdictions that:
  - a. Have evaluated their local service gaps;
  - b. Can sustain comprehensive services with IMPACTS funding while demonstrating program success or proposed program success, anchored in data that is locally available and/or reported to the statewide database;
  - c. Are willing to participate in statewide data sharing and analysis;
  - d. Implement program designs which may be replicated statewide; and
  - e. Can use limited funds with significant impacts in local communities.

*For returning applicants only* (those who have previously been awarded IMPACTS funding): previously reported program data and/or expenditures may be evaluated and/or examined for adherence to these priorities.

For questions regarding this grant solicitation please contact Kaysea Beck at [kaysea.beck@cjc.oregon.gov](mailto:kaysea.beck@cjc.oregon.gov).

# 2025-2027 Grant Solicitation for County Governments Improving People’s Access to Community-Based Treatment, Supports, and Services (IMPACTS) Grant Program

## Availability and Duration of Funding:

This is a one-time solicitation offering financial support to county governments for the grant period beginning July 1, 2025, and ending August 31, 2027. Applicants awarded funds may allocate award funding for costs incurred at any point during the grant period, so long as those funds meet all program rules and requirements found in the [CJC Grant Administration Guide](#) and as outlined in [statute](#) and [rule](#).

A total of **\$10,784,160** is available in grant funds and will be awarded through a competitive application process. A minimum of ten percent of that amount (\$1,078,416) has been set aside for use by tribal governments, and at least one award will be made to a federally recognized tribal government. *Note: tribal governments are competing for available funds concurrently through a tribal-government-specific application.*

## Application Timeline:

December 17, 2025	Grant solicitation released
<b>January 23, 2026, at 11:59 PM</b>	<b>Grant applications due</b>
No later than February 20, 2026	Grant Review Committee makes final award decisions

## Application Requirements:

1. Applicants must review the [CJC Grant Administration Guide](#) for specific policies and procedures related to allowable uses of grant funds, review processes, and compliance regulations.
2. Pursuant to [Oregon Revised Statute \(ORS\) 430.231](#), applications must be submitted by Local Public Safety Coordinating Council (LPSCC) on behalf of the county. Note: regional consortia applications must be submitted by a single LPSCC or tribal government of the consortium’s choosing.
3. Pursuant to [ORS 430.231](#), applications must include the following:
  - a. Responses to all application questions (attached), including compliance with all acknowledgments;
  - b. A complete budget projection sheet (available for download [at this link](#)), which must be submitted using the original formatting and formulas included by CJC or it will not be accepted. Requested funding must align with the purpose and goals of the grant program;
  - c. Letters of support and commitments from community leaders or organizations, including:
    - i. Agencies working with homeless individuals;
    - ii. Behavioral health care providers;

For questions regarding this grant solicitation please contact Kaysea Beck at [kaysea.beck@cjc.oregon.gov](mailto:kaysea.beck@cjc.oregon.gov).

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- iii. Coordinated care organizations; and
  - iv. Local hospitals.
  - d. A report of input from the federally recognized tribal government(s) within the designated service area and an explanation of how the input was incorporated into the design of the program, supports and services (note: regional consortia applications involving joint county-tribal government applications are exempt from this consultation report requirement);
  - e. A tribal notification process for program partners, including participating jails and hospitals, to provide information upon admission or at intake about the potential risks and benefits of tribal notification and offer tribal members the opportunity to disclose their statuses and situations to the federally recognized Indian tribe of their choosing; and
  - f. If the local county commission requires county agencies to seek and receive county commission approval prior to applying for grant award funding, counties awarded funding must submit proof of county commission approval prior to receiving a first disbursement of funds.
4. Successful applicants will be required to execute a grant agreement substantially in the form of the sample attached to this document.

**How to Apply:**

Applications must be submitted online through CJC’s grant management system: <https://cjc-grants.smapply.io>.

# Improving People’s Access to Community-Based Treatment, Supports, and Services (IMPACTS) Grant Program 25-27

## Application Questions

**Application Due Date:** January 23, 2026, at 11:59 PM PST

*All applications are public records and are subject to public record requests and any information submitted in an application may be displayed on a public dashboard.*

The purpose of the Improving People’s Access to Community-Based Treatment, Supports and Services (IMPACTS) Program is to provide funding to counties and Oregon’s federally recognized tribal governments to establish evidence-based programs and tribal-based programs to provide the needed supports and services to individuals with mental health or substance use disorders, leading to their involvement with the criminal justice system, hospitalizations and institutional placements.

Only one application may be submitted per county or per tribal government. An applicant may submit a multi-jurisdictional application on behalf of a consortium. Regional consortia may be comprised of counties applying jointly, tribal governments applying jointly, and/or a county or counties applying jointly with a tribal government or governments.

- County applications must be submitted by the Local Public Safety Coordinating Council (“LPSCC”) on behalf of the county.
- Tribal applications must be submitted by the federally recognized tribal government.
- Regional consortia applications must be submitted by a single LPSCC or tribal government of the consortium’s choosing.

It is strongly recommended that applicants first read through all application questions and closely review the list of required documentation listed in the Grant Solicitation.

In order to submit this application, **please complete all components by no later than January 23, 2026, at 11:59 p.m. PST.**

## Section A: Administrative

### *Contact Information*

#### **Primary Applicant Contact [fillable text fields]**

Name:

Organization:

Title:

Street Address:

City:

Zip Code:

E-mail:

Phone:

### Data Contact

Is there an individual other than the Primary Applicant Contact that will be responsible for your program's data?

- ☐ Yes **[if yes, open fillable text fields below]**
- ☐ No

Name:

Position:

Organization:

E-mail:

Phone:

### Fiscal Contact [fillable text fields]

Name:

Legal Name of Organization for Payment:

State EIN:

Payment Remittance Street Address:

City:

Zip Code:

E-mail:

Phone:

Is the organization receiving funds registered as a non-profit in the State of Oregon?

- ☐ Yes
- ☐ No

Would you like ACH payment processing (direct deposit)?

- ☐ Yes
- ☐ No

### Structuring Program Success

Has this program previously received IMPACTS funding?

- ☐ Yes
- ☐ No

**[if 'Yes']** Reflect on how your program has previously defined and demonstrated success using specific data points from REDCap or your local jurisdiction. The goal here is to anchor past programmatic success in available data. Consider that the goal of the IMPACTS program is to: *reduce the number of jail bookings and emergency department hospitalizations for the target population in favor of diversion to coordinated community-based treatment, supports, and services.* **[open text, 150-word limit]**

**[if 'No']** Have you consulted any existing/previous IMPACTS programs as part of the development and design of your proposal?

- ☐ Yes
- ☐ No

- ☐ Unknown

**[if ‘Yes’]** Please share the primary things you learned as part of these discussions and explain whether and how they will be incorporated into your proposed program design. **[open text, 100-word limit]**

### *Eligibility*

**Submission of this grant application must be completed by the Local Public Safety Coordinating Council (LPSCC) on behalf of the county or by the federally recognized tribal government.** By selecting which county or tribal government you represent from the drop-down list below, you acknowledge compliance with this submission requirement.

Applicant

**[dropdown list of all 36 Oregon counties and Oregon’s nine federally recognized tribal governments]**

Are you applying as an individual county, tribal government, or are you working as part of a consortium of government partners? Counties may apply individually or as part of a consortium. **[multiple choice]**

- ☐ This application is for an individual county
- ☐ This application is for an individual tribal government
- ☐ This application is a part of a consortium. **[if selected, open fillable text box with instructions: Please list all government partners (counties and tribal governments), including the one you represent, that are applying as part of your consortium.]**

### *Acknowledgments & Required Collaboration*

#### *Medical Assistance (Oregon Health Plan [OHP]) Enrollment Screening Agreement*

Applicants must agree to screen all grant program participants within the target population for potential eligibility for public medical assistance and to assist eligible participants to apply for medical assistance. Please acknowledge that you have read and understand the following statement: **[required checkbox]**

- ☐ The proposed program will comply with this requirement, and any member of the target population benefitting from IMPACTS funds will be screened for public medical assistance eligibility.

#### *Data Collection and Reporting Requirements*

Applicants awarded IMPACTS program funds will be required to report to the statewide data system provided by the CJC for enrolling participants and when participants are seen at follow-up services in subsequent months. The database is structured to provide each enrolling participant with a baseline form containing information relating to their demographic data, their participant system histories, their behavioral health conditions, their social determinants of health, and their service receipt. Follow-up forms must be completed for each month on enrollment for each client and

contain items relating to behavioral health conditions, recent system encounters, social determinants of health, and service receipt.

The CJC will modify the IMPACTS statewide data system in 2026; additional opportunities for input on the data system will be available in 2026. These modifications will change the database, and all funded programs must utilize the correct version of the database as directed by the CJC.

Further, award recipients will be subject to additional program requirements such as quarterly financial and program reporting, as well as any other reporting required by the CJC to complete CJC's statutory obligations, legislative requests, or requests from the Governor's Office.

Please acknowledge that you have read and understood the following statements: **[required checkboxes]**

- ☐ I understand that receipt of IMPACTS funds requires that baseline and any follow-up forms be completed for all participants in a timely manner, which the CJC defines as monthly.
- ☐ I acknowledge our program will comply with the CJC's relevant IMPACTS data tracking and reporting requirements.
- ☐ I acknowledge our program will comply with the CJC's research partner, the OHSU-PSU SPH research team, in reporting to the statewide data system, including the attendance of trainings or webinars or other offerings by the CJC or SPH team relating to the IMPACTS database.
- ☐ I understand that data compliance will be routinely monitored by the CJC, and that I will comply with CJC's data quality and data improvement efforts, including but not limited to database improvement work.

#### **Tribal Notification Process**

A tribal notification process must be in place for program partners, including participating jails and hospitals, to:

- i. Provide information upon admission or at intake about the potential risks and benefits of tribal notification; and
- ii. Offer tribal members the opportunity to disclose their statuses and situations to the federally recognized Indian tribe of their choosing.

**Please select one [multiple choice]**

- ☐ The proposed program has a tribal notification process in place among program partners that meets the requirements above and will submit a description of that process. **[open text box, 150-word limit]**
- ☐ The proposed program does not yet have a tribal notification process in place and will submit a description of a proposed tribal notification plan, per the stated requirements above, and agree that, if IMPACTS funds are awarded, the proposed plan will be implemented prior to disbursement of those funds. **[open text box, 150-word limit]**

[Text box label] Description of established or proposed tribal notification process among program partners:

### Consultation Report

Are you applying on behalf of a ***joint county-tribal government regional consortium***? [checkbox]

- ☐ Yes [if selected, skip to Letters of Support]
- ☐ No

County applicants with a federally recognized tribal government or governments within their service area must include a report of input garnered from the local federally recognized tribal government(s), and to the extent feasible, an explanation of how tribal government input was incorporated into the design of the program, supports, and services.

Tribal governments with a Local Public Safety Coordinating Council (LPSCC) within their service area applicants must include a report of the input from the LPSCC(s) and, to the extent feasible, an explanation of how the input was incorporated into the design of the program, supports and services.

NOTE: The consultation "report" does not need to be a formal report and may instead be a letter or letters, or an email, or series of emails, between applicants that demonstrates the above requirements. [checkbox]

- ☐ By selecting this box, the submitter acknowledges that their consultation report meets the minimum requirements outlined above and is uploaded as part of this application.

### [Upload relevant document(s)]

### Letters of Support

All applicants are required to submit letters of support from community leaders or organizations, who are not members of the LPSCC, including:

- Agencies working with homeless individuals;
- Behavioral health care providers;
- Coordinated care organizations; and
- Local hospitals.

NOTE: Letters of support from these organizations may be combined in a single letter signed by multiple parties or provided separately. [checkbox]

- ☐ I have four (4) separate letters of support [open four required uploads for the relevant documents]
- ☐ I have one (1) combined letter of support [open one required upload for the relevant document]

### Government Approval

If the local county commission requires county agencies to seek and receive county commission approval prior to applying for grant award funding, counties awarded funding must submit proof of county commission approval prior to receiving a first disbursement of funds.



If a tribal government requires tribal government agencies to seek and receive tribal government approval prior to applying for grant award funding, federally recognized tribes awarded funding must submit proof of tribal government approval prior to receiving a first disbursement of funds.

Please select the acknowledgment that applies to your program proposal from the two options below: **[checkbox; select one]**

- ☐ I confirm that my local government **requires** grant applicants to seek and receive approval prior to applying for grant award funding, and **proof of this approval will be submitted** to the CJC prior to receiving a first disbursement of funds.
- ☐ I confirm that my local government **does not require** grant applicants to seek and receive approval prior to applying for grant award funding and, therefore, this application is **not subject to the submission of proof of approval** as outlined above.

## Section B: IMPACTS Grant Program Operating Profile (GPOP)

**[proceed to following page]**



# IMPACTS

## 2025 – 2027 Grant Program Operating Profile

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The Grant Program Operating Profile (GPOP) is used to identify and define program characteristics, with the aim of creating consistent practices and providing guidance for local IMPACTS programs. This tool will assist the Criminal Justice Commission (CJC) and Grant Review Committee (GRC) to understand program uniqueness, highlight the use of evidence-based practice, and identify areas for potential future program development.

*Responses may be used by the GRC to make funding decisions.*

### Tips for Completion:

1. All responses should be related to the proposed program for the 2025-2027 biennium's solicitation only (project period: July 1, 2025 – August 31, 2027). If you are a returning IMPACTS applicant, please fill out this GPOP for the program you propose for the 2025-2027 biennium only.
2. Allow all team members to review and contribute to these items before submission.
3. Be honest; no local program is perfect or has perfect plans. This tool is to help the GRC and the CJC better understand your program goals and operational flow, as well as to identify areas for potential improvement in program operation or planning over time, and further for evaluation purposes.
4. Programs not yet operational must complete this GPOP to the best of their ability, with an understanding that some more minor elements may be modified at or after the potential program becomes operational.
5. As all IMPACTS programs (and potential programs) demonstrate unique strategies or methods to meet the program's goals, each applicant must complete these items as part of the application process. If your program will be administered by a consortium, only the designated primary applicant needs to complete a GPOP.
6. If you are applying for IMPACTS funds to partially support another ongoing effort (e.g., extending staffing, extending hours of operation, building additional capacity, etc.) please respond to items about program details for the ongoing effort.
7. Some items have follow-up questions asking for additional detail about a previous response. If you see additional questions populate based on your selections through this GPOP, please answer those as well.
8. If you have a question about the intent of a specific item or are unsure of how to respond to a specific item, please contact the CJC.
9. The CJC will reach out to the individual listed in Section 1 if we have questions about the elements outlined in this GPOP.

### Resources and References:

- |                                                       |                                                      |
|-------------------------------------------------------|------------------------------------------------------|
| ○ <a href="#">Senate Bill 973 (2019)</a>              | ○ <a href="#">OHSU-PSU SPH IMPACTS</a>               |
| ○ <a href="#">IMPACTS Oregon Administrative Rules</a> | ○ <a href="#">Qualitative Insights Report (2024)</a> |
| ○ <a href="#">CJC Grant Administration Guide</a>      | ○ <a href="#">Selected References (2025)</a>         |
|                                                       | ○ <a href="#">House Bill 3069 (2025)</a>             |

## Section 1: IMPACTS Core Staff & Partnerships

1. Who is completing this Grant Program Operating Profile (GPOP)? **[fill in text boxes]**
  - a. Name:
  - b. Position:
  - c. Agency/Organization:
  - d. Phone:
  - e. Email:

2. Does your program have staffing (in place or planned) as part of this proposed program team? [multiple choice: Yes/No. If Yes, show 2a. If no, Skip to 3]
  - a. What staffing is in place or planned as part of this program team? Use one row for each individual on your project team. Include any individuals who would be funded by IMPACTS grant funds, either in whole or in part, and classified as core team members. Please also indicate their general role on the team (e.g., treatment, coordinator, peer). It is not required to list each individual's name. **[Matrix]**

	Agency/Organization	Role
Person 1	[Required]	[Required]
Person 2	[Optional]	[Optional]
Person 3	[Optional]	[Optional]
Person 4	[Optional]	[Optional]
Person 5	[Optional]	[Optional]
Person 6	[Optional]	[Optional]
Person 7	[Optional]	[Optional]
Person 8	[Optional]	[Optional]
Person 9	[Optional]	[Optional]
Person 10	[Optional]	[Optional]
Person 11	[Optional]	[Optional]
Person 12	[Optional]	[Optional]
Person 13	[Optional]	[Optional]
Person 14	[Optional]	[Optional]
Person 15	[Optional]	[Optional]

### **[include drop-down list for Role]**

1. Case manager/care coordinator
2. Peer support specialist
3. Community health worker/outreach worker
4. Behavioral Health Clinician (LPC, LCSW, LMFT)
5. Substance use counselor (CADC)
6. Nurse (RN)/Medical Provider
7. EMS/Paramedic
8. Psychiatric Prescriber (MD, NP)

9. Law enforcement officer (police, sheriff)
10. Probation/Parole Officer
11. Housing Specialist
12. Employment specialist
13. Legal Counsel/Public Defender
14. Clinical supervisor
15. Program director/coordinator/manager
16. Administrative Assistant/Unit Support
17. Data Analyst/Evaluator
18. Dedicated transportation staff
19. Other

3. Does your program have program partners (in place or planned) as part of this program team? [multiple choice: Yes/No. If Yes, show 3a. If no, Skip to 4]

- a. Which local agencies or organizations provide services and supports or serve as a referral source for this proposed program? For each partner, indicate the agency, non-profit, or other organization and their general role on the team (e.g., County Behavioral Health, City Police Department) and select whether the partner is a service partner or a referral partner. Note: a partner *may be both* a service and referral source. **[Matrix]**

	Agency/Organization	Type	Referral Partner	Service Partner
Partner 1	[Required]	[Required]	[Required]	[Required]
Partner 2	[Optional]	[Optional]	[Optional]	[Optional]
Partner 3	[Optional]	[Optional]	[Optional]	[Optional]
Partner 4	[Optional]	[Optional]	[Optional]	[Optional]
Partner 5	[Optional]	[Optional]	[Optional]	[Optional]
Partner 6	[Optional]	[Optional]	[Optional]	[Optional]
Partner 7	[Optional]	[Optional]	[Optional]	[Optional]
Partner 8	[Optional]	[Optional]	[Optional]	[Optional]
Partner 9	[Optional]	[Optional]	[Optional]	[Optional]
Partner 10	[Optional]	[Optional]	[Optional]	[Optional]
Partner 11	[Optional]	[Optional]	[Optional]	[Optional]
Partner 12	[Optional]	[Optional]	[Optional]	[Optional]
Partner 13	[Optional]	[Optional]	[Optional]	[Optional]
Partner 14	[Optional]	[Optional]	[Optional]	[Optional]
Partner 15	[Optional]	[Optional]	[Optional]	[Optional]

**[include drop-down list for Type]**

1. Law enforcement
2. Parole/probation
3. Fire department

4. Emergency Department (ED)
5. Behavioral Health Resource Network (BHRN) provider
6. Local Mental Health Authority
7. Tribal health/community program
8. Other behavioral health/treatment provider
9. Other medical provider
10. Emergency Medical Services (EMS)/Paramedic
11. Mobile crisis team
12. Peer organization
13. Stabilization/crisis center
14. Housing services
15. Employment services
16. Transportation services
17. Legal services
18. Other

4. How will core program team members provide programmatic feedback on participant progress within the team (e.g., how do your team members communicate with one another?). Select all that apply. **[checkbox]**
  - ☐ Team members will not provide regular feedback (but may do so ad hoc or upon request)
  - ☐ Monthly engagement and compliance notes only
  - ☐ Internal case management system
  - ☐ Weekly progress reports given verbally
  - ☐ Weekly progress reports emailed
  - ☐ Other: \_\_\_\_\_ **[fill in]**
  - ☐ Unknown
5. What monitoring tools does the program use internally and/or with local partners to improve practices and outcomes? Select all that apply. **[checkbox]**
  - ☐ Annual surveys
  - ☐ Focus groups
  - ☐ Internal evaluations
  - ☐ Local recidivism tracker
  - ☐ Ongoing participant feedback surveys
  - ☐ Participant exit surveys
  - ☐ Regular review of program data and dashboards
  - ☐ Sharing program data with community advisory group
  - ☐ Sharing program data with team at policy meetings
  - ☐ Team member surveys
  - ☐ Program does not use any monitoring tools
  - ☐ Unknown

## Section 2: IMPACTS Target Population

IMPACTS was established to increase the availability of community-based supports and services to a target population of individuals with a behavioral health condition and frequent criminal legal system and/or emergency health services involvement. Members of an IMPACTS target population must have one or more behavioral health conditions **and** (1) are booked into jail an average of four or more times in a one-year period **and/or** (2) are high utilizers of criminal justice resources, hospital or urgent healthcare resources, or institutional placements.

6. IMPACTS participants are required to have one or more behavioral health conditions – defined as mental health disorder(s), substance use disorder(s), or co-occurring disorders – when enrolling into a local program. How will your local program verify presence of a behavioral health condition as an eligibility criterion? Select all that apply. **[checkbox]**

- ☐ Historical records (e.g., EHR/Claims)
- ☐ Justice system flags (e.g., jail housing classification or court records)
- ☐ Referral documentation (e.g., based on diagnosis or history provided by a referring partner)
- ☐ Standardized screening (e.g., brief screener administered, without a full workup)
- ☐ New clinical diagnosis (e.g., licensed clinician performs a diagnostic assessment)
- ☐ Self-report (e.g., the potential participant self-identifies as having one or more behavioral health conditions)
- ☐ Presumptive/observed (e.g., staff observe clear symptoms or behaviors and enroll based on presumptive eligibility while seeking records)

7. Will your program reach people who are high utilizers of **criminal legal systems**? **[multiple choice]**
- a. Yes
  - b. No
  - c. Unknown

**[skip logic if ‘Yes’ is selected]** Which types of **criminal legal system** encounters are used to determine high utilization? Select all that apply.

☐ Jail bookings **[skip logic if ‘Jail bookings’ is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., jail logs, self-reported criminal history)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., 3 or more jail bookings in the past year)? **[fill in text box, 75-word limit]**
- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

☐ Law enforcement contacts **[skip logic if 'Law enforcement contacts' is selected, open (a) – (c) below]**

- a. How is the data collected? (e.g., calls for service) **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., four or more law enforcement contacts in the past year)? **[fill in text box, 75-word limit]**
- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

☐ Incarceration **[skip logic if 'Incarceration' is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., jail logs/rosters)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., more than one incarceration in the past year)? **[fill in text box, 75-word limit]**
- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

☐ Parole/probation **[skip logic if 'Parole/probation' is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., supervision roster)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., on supervision for the previous 12 months)? **[fill in text box, 75-word limit]**
- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

☐ Other? \_\_\_\_\_ **[fill in] [skip logic if 'Other' is selected, open (a) – (c) below]**

- a. How is the data collected? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization? **[fill in text box, 75-word limit]**
- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

8. Will your program reach people who are high utilizers of **healthcare systems**? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

**[skip logic if 'Yes' is selected]** Which types of **healthcare system** encounters are used to determine high utilization? Select all that apply. **[checkbox]**

☐ Emergency department admissions **[skip logic if 'Emergency department admissions' is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., ED records)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., four or more admissions in the past year)? **[fill in text box, 75-word limit]**

- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

**[ ] Hospital admissions [skip logic if ‘Hospital admissions’ is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., hospital records)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., two or more hospitalizations in the past year) **[fill in text box, 75-word limit]**
- c. Are there any MOU, DUA, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

**[ ] Stabilization/crisis center admissions [skip logic if ‘Stabilization/crisis center admissions’ is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., stabilization center records)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., two or more admissions in the past year)? **[fill in text box, 75-word limit]**
- c. Are there any MOU, DUA, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

**[ ] Inpatient mental health services [skip logic if ‘Inpatient mental health services’ is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., self-report, inpatient records)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., one or more admissions in the past year)? **[fill in text box, 75-word limit]**
- c. Are there any MOU, DUA, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

**[ ] Inpatient substance use disorder services [skip logic if ‘Inpatient substance use disorder services’ is selected, open (a) – (c) below]**

- a. How is the data collected (e.g., self-report, inpatient records)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., one or more admissions in the past year)? **[fill in text box, 75-word limit]**
- c. Are there any MOU, DUA, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

**[ ] Other? \_\_\_\_\_ [fill in] [skip logic if ‘Other’ is selected, open (a) – (c) below]**

- a. How is the data collected? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization? **[fill in text box, 75-word limit]**



- c. Are there any MOUs, DUAs, or other structured agreements or processes in place to facilitate this data sharing with other agencies? **[Yes/No]**

9. Will your program reach people who are high utilizers of **institutional placements (i.e., The Oregon State Hospital [OSH])**? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

**[skip logic if 'Yes' is selected]** Please specify which institution(s): \_\_\_\_\_ **[fill in]**

- a. How is the data collected (e.g., OSH records)? **[fill in text box, 75-word limit]**
- b. What threshold or frequency qualifies as high utilization (e.g., one or more admissions in the past year)? **[fill in text box, 75-word limit]**
- d. Are there any MOUs, DUAs, or other structured agreements in place to facilitate this data sharing with other agencies? **[Yes/No]**

10. Participant Identification

- a. How are potential participants identified using system lists/data? This could also be classified as the *source* or “Who told us about this potential participant.” Select all that apply. **[checkbox]**

- ☐ Health system data (e.g., lists based on utilization of ED, inpatient stays)
- ☐ Criminal legal system data (e.g., lists based on booking history or jail days)
- ☐ Jail booking reports (e.g., logs of new intakes into jail)
- ☐ 988/911 calls (e.g., review of call volume and frequency)
- ☐ HMIS/shelter lists (e.g., lists based on housing status or shelter nights)
- ☐ CCO/payer claims data (e.g., ‘Hotlists’ provided by coordinate care organizations)
- ☐ Other system list/data-driven identification method 1: \_\_\_\_\_
- ☐ Other system list/data-driven identification method 2: \_\_\_\_\_

- b. How are potential participants identified using referrals/direct encounters? This could also be classified as the *source* or “Who told us about this potential participant.” Select all that apply. **[checkbox]**

- ☐ Real-time notifications (e.g., notification from ED/healthcare center through PointClickCare)
- ☐ External partner referrals (e.g., Fire/EMS, Police, Probation)
- ☐ Internal agency referrals
- ☐ Case conferencing (e.g., multi-agency coordination meetings)
- ☐ Street outreach/field canvassing (e.g., staff repeatedly outreach to specific hotspots)

- Facility-based intercept screening (e.g., staff stationed in high traffic areas like waiting room of ED, court lobby)
- Community referrals (e.g., referral from public library or local business)
- Self-referral or family referrals
- Other referral/direct encounter identification method 1: \_\_\_\_\_
- Other referral/direct encounter identification method 2: \_\_\_\_\_

11. Does the program have any disqualifiers from allowing participants into the program? These factors may exclude someone from participation for current charges, for a set period of time, or potentially, forever. [multiple choice: Yes/No. If Yes, show 11a. If no, Skip to 12]

- a. Please select the disqualifiers used and their timing specifics below. If you have other disqualifications than those listed below, please add them in 11b.

**[Matrix]**

	<b><u>Current</u></b>	<b><u>Time Period</u> <u>(e.g., 5 years)</u></b>	<b><u>Forever</u></b>
Measure 11 Crimes			
Any serious violent crime			
Any person crime			
Any sex offense			
Domestic violence offenses			
Manufacturing/delivery of a substance			
Evidence of gang affiliation			
Unresolved/pending criminal charges			
On supervision			
Active warrants			
Limited/no transportation			
Medication Assisted Treatment (MAT) or Medication for Opioid Use Disorder (MOUD)			
Preferred language is not English			
Prescribed medication			
Previous participation in IMPACTS			

Severe mental health disorders			
Violent behavior or public safety risk			

b. Other disqualifiers used.

	<b>Description of Disqualifier</b>	<b>Current</b>	<b>Time Period (e.g., 5 years)</b>	<b>Forever</b>
Other 1:				
Other 2:				
Other 3:				

12. With consideration to your program plan and associated staffing, what is your monthly capacity for clients? You may contemplate program staff capacity regarding both newly enrolling clients as well as returning clients when responding to this item. **[drop-down]**

- ☐ Less than 10 clients
- ☐ 10-20 clients
- ☐ 20-30 clients
- ☐ 30-40 clients
- ☐ 40-50 clients
- ☐ More than 50 clients

## Section 3: IMPACTS Program Operations

13. How long has your program been operating? **[multiple choice]**

- a. This is a proposed program that is not yet operating **[skip logic if selected, open 'Estimated operational date: MM/YYYY']**
- b. 0-2 years
- c. 3-4 years
- d. 5-6 years
- e. 7-8 years
- f. 9+ years

14. [The Sequential Intercept Model \(SIM\)](#) is a conceptual framework that maps how individuals with mental health and substance use disorders come into contact with and move through the criminal legal system. Please identify each intercept at which this program intends to operate. A program may or may not span more than one intercept as designed by local jurisdictions. Select all that apply.

Note: as an additional resource, you may refer to the [GOBHI website](#) to see completed Oregon SIM maps. **[checkbox]**

- ☐ Intercept 0 – Community Services [e.g., crisis lines, crisis care continuum]

- Intercept 1 – Law Enforcement [e.g., 911, local law enforcement]
- Intercept 2 – Initial Detention/Initial Court Hearings [e.g., initial detention, first court appearance]
- Intercept 3 – Jails/Courts [e.g., jail, treatment/specialty court, dispositional court]
- Intercept 4 – Reentry [e.g., jail reentry, prison reentry]
- Intercept 5 – Community Corrections [e.g., parole, probation]

15. Which of the following recruitment or outreach strategies are employed by your program? This could also be classified as your program's strategy to contact those identified as potential participants. Select all that apply. **[checkbox]**

- Cold outreach – staff attempt to reach potential participants via phone or text or other information on file
- Mail/letter – staff send brochures or letters to the last known address
- Facility intercept – staff approach potential participants in a facility (e.g., in the waiting room at ED, or in jail, or court lobby)
- Field/Street Outreach – staff go to the potential participant's home, encampment, or neighborhood to find them
- Warm handoff – a trusted provider (e.g., probation officer or physician) introduces the program staff to the participant in real-time
- Peer-led approach – initial contact is specifically made by a staff member with lived experience to build trust.

16. Select the primary way participants enter the program or move from being an eligible potential participant to engaged in services? **[multiple choice]**

- a. Formal voluntary enrollment (e.g., participant actively consents and completes paperwork)
- b. Low-barrier/informal enrollment (e.g., participant verbally agrees to engage, but has not signed formal paperwork)
- c. Legal diversion/conditional enrollment (e.g., participant agrees to participate as an alternative to a negative consequence like prosecution)
- d. Proxy enrollment (e.g., guardian or power of attorney consents on the participant's behalf)
- e. Passive/administrative tracking (e.g., staff track individual participants or progress for coordination or surveillance, but the participant is not aware they are enrolled)
- f. Presumptive enrollment (e.g., enrolled for a short, fixed period reflecting a crisis stabilization period based on immediate need, with continued enrollment being opt-in)

17. At what specific point does an individual formally count as a "Participant" in your program? **[multiple choice]**

- a. At first contact: as soon as there is a meaningful interaction, even if they don't enroll

- b. At formal intake: only after the participant completed an intake interview and signs release forms
- c. At care plan creation: only after the participant receives an assessment and agrees on specific goals
- d. At first service delivery: only after the participant receives a tangible service (e.g., housing voucher), not just a conversation.
- e. Retrospective: only participants completing the full duration of treatment or completing the program are counted as active participants.

18. Which of the following statements *best* describes how long and how often your program typically works with a participant (the expected intensity and duration of program engagement)? While some cases may fall outside of the selected response, the aim is to capture the *most common* expected engagement.

**[multiple choice]**

- a. Crisis stabilization/brief intervention (short-term) – *We work with participants intensely for a very short period of time (days or weeks) to resolve an immediate crisis (like detox), then close the case.*
- b. Critical time intervention (transitional) – *We work with participants for a set period of time (e.g., up to 9 months) to help them transition or link to other services, with a plan to discharge the participant by a certain date*
- c. Long-term chronic management (similar to ACT) – *We expect to work with participants indefinitely, or as long as they need us, like an assertive community treatment team, or permanent supportive housing*
- d. Progressive engagement (step-down) – *We work with participants daily or weekly to stabilize them, then intentionally reduce frequency to monthly or quarterly check-ins, but the case is kept open long-term*
- e. Episodic/drop-in (participant-driven) – *We don't have timelines for participants, the participant comes to us when they need or want help, and we help them at that moment.*

19. Under what circumstances does a participant 'complete' the program or move to 'alumni status' in your design? **[multiple choice]**

- a. Time-based (fixed duration) – participants are discharged automatically after a set period of time, regardless of goal completion
- b. Milestone-based (goal achievement) – participants are discharged only when specific goals are met, like housing secured, regardless of how long it takes
- c. Crisis-resolution (event driven) – participants are discharged immediately once the acute crisis is resolved, without long-term follow-up
- d. Open-ended (long-term) – participants are generally not discharged from the program, it is designed to provide indefinite and ongoing maintenance (e.g., ACT)
- e. Drop-in (no caseload) – participants do not have formally 'open' or 'closed' cases; participants engage periodically on their own.

20. What is/are the primary outcome(s) for the IMPACTS target population the program aims to achieve? Select no more than three, acknowledging that other outcomes may be present in program design as secondary outcomes. *The primary outcomes selected here may be used to classify and/or evaluate programs.* **[checkbox]**

- ☐ Reduced jail bookings
- ☐ Reduced law enforcement contacts
- ☐ Reduced ED admissions
- ☐ Reduced hospital admissions
- ☐ Improved housing
- ☐ Improved quality of life
- ☐ Engagement with mental health services
- ☐ Engagement with substance use disorder services
- ☐ Identified service needs met

**[skip logic for each checkbox selected]** Which local sources of data will be used to measure this outcome? Some items, such as monthly jail bookings, law enforcement contact, ED admissions, and others, may be captured in the statewide database as part of participant progress. **[fill-in, 50 word max]**

21. Does your program have objective written eligibility criteria, policies, and procedures documents outlining important program features, such as eligibility, target population, available services, etc.? **[multiple choice]**

- a. Yes
- b. No
- c. Our program has developed some documents, but we are still working toward development or refining eligibility, policies, etc.
- d. Our program has not yet developed written eligibility criteria, policies, etc.
- e. Unknown

**[skip logic for if 'Yes' or 'Our program has developed some documents' is selected]** Please submit any existing program documents here, including eligibility criteria, written policies, procedures, MOUs, or any other documents outlining important program features **[file upload]**

22. How are programmatic features, like eligibility criteria and target population, shared with local referral sources? **[checkbox]**

- a. Communicated at wider jurisdiction meetings
- b. LPSCC
- c. Posted on website
- d. Provided in writing to all partners
- e. Verbally communicated to all partners
- f. These documents are not shared with partners
- g. Other 1: \_\_\_\_\_
- h. Other 2: \_\_\_\_\_

i. Unknown

23. Does your program include use of screening tool(s) to determine eligibility for clients? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown
- d. Our program design accepts all clients

24. Are participants provided with a needs assessment upon enrollment? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

25. Which additional categories of screenings/assessments are available for program participants? Select all that apply. **[checkbox]**

- ☐ ASAM
- ☐ SUD assessment
- ☐ Mental health assessment
- ☐ Social determinants of health assessment
- ☐ Physical health assessment

26. Are individualized treatment plans generated for each participant based on the results of a needs assessment and/or other assessments? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

**[skip logic if 'Yes' is selected]** If individualized treatment plans are generated for each participant, are these shared with other team members? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

The Improving People's Access to Community-based Treatment, Supports and Services Program is established in recognition of the shortage of **comprehensive community supports and services** for individuals with mental health or substance use disorders, leading to their involvement with the criminal justice system, hospitalizations and institutional placements. The purpose of the program is to address this need by awarding grants to counties and Oregon's federally recognized Indian tribes to **establish evidence-based and tribal-based programs to provide the needed supports and services**.

**"Comprehensive community supports and services"** includes:

- Community-based mental health or substance use disorder treatment programs;
- Community-based services necessary to restore a defendant's fitness to proceed, as described in ORS 161.370 (2)(a);
- Evidence-based and tribal-based programs designed to reduce hospital and jail utilization by target populations; and
- Programs aimed at diverting individuals with nonperson criminal charges experiencing mental illness or substance use disorders from the criminal justice system.

27. Does your program design include diverting individuals from jail booking(s)?

**[multiple choice]**

- a. Yes
- b. No
- c. Unknown

**[skip logic if 'Yes' is selected, open text box to fill in]** Please explain how the program design diverts individuals from jail booking(s).

28. Does your program design include diverting individuals from other involvement in the criminal legal system? (e.g., prosecution, sanctions)

- a. Yes
- b. No
- c. Unknown

**[skip logic if 'Yes' is selected, open text box to fill in]** Please identify from which criminal legal system involvement you are diverting individuals.

**[additional text box]** Please explain how the program design diverts individuals from the identified criminal legal involvement.

29. Does your program divert individuals from ED admissions? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

**[skip logic if 'Yes' is selected, open text box to fill in]** Please explain how the program design diverts individuals from ED admissions.

30. Does your program divert individuals from the Oregon State Hospital (OSH)?

**[multiple choice]**

- a. Yes
- b. No
- c. Unknown



**[skip logic if ‘Yes’ is selected, open text box to fill in]** Please explain how the program design diverts individuals from the OSH.

31. Does your program design provide community-based services necessary to restore a defendant’s fitness to proceed, as described in ORS 161.370 (2)(a) (i.e., Aid and Assist)? **[multiple choice]**

- a. Yes
- b. No
- c. Unknown

**[skip logic if ‘Yes’ is selected, open text box to fill in]** Please explain how the program operates to restore a defendant’s fitness to proceed with community-based services.

32. What evidence-based or tribal-based practices are built into your program design? This is not an exhaustive list; instead, this list presents those referenced in the scholarly literature associated with high-utilizer programs. Leave rows blank if not part of your program design. Elaborate in 1 to 2 sentences on the specific iteration of this practice in your local jurisdiction and how this strategy would reasonably operate. *As an example, for the practice of addressing basic needs, you could share that coats, hats, bus passes, backpacks, and hygienic supplies are provided to participants at first point of engagement, if needed/requested.*

If you have any other evidence-based or tribal-based practices not listed in the first table, please use the ‘Other’ fields table below. Note: the selections made in this matrix will be used to classify proposed programs with similar programs proposed as part of this solicitation. References are available [at this link](#). **[matrix]**

	<b><u>Direct Service</u></b>	<b><u>Referred Service</u></b>	<b><u>Elaborate on the specific iteration of this practice in your local jurisdiction and how this strategy would reasonably operate.</u></b>
Addressing basic needs			
Care coordination/navigation			
Case management (Client-centered assessment, planning, coordination, and monitoring of services needed to address identified needs)			

Community mental health referrals			
Community substance use referrals			
Correctional treatment			
Crisis lines			
Duration in program/optimal time and location of intervention (e.g., in community, in jail, in ED)			
Employment skills or support			
Expanding the mental health workforce			
Expanding the SUD workforce			
Forensic intensive treatment team			
Housing supports			
Individual patient care plans			
Parenting skills program			
Patient education on illness and appropriate medical service utilization			
Peer support			
Permanent, supportive housing			
Primary care referrals			
Stabilization/crisis center			
Street outreach			
Team-based care			
Transportation during critical moments (e.g., reentry to community from jail, ED, etc.)			

*Other evidence-based or tribal-based practices used:*

Elaborate in 1 to 2 sentences on the specific iteration of this practice in your local jurisdiction and how this strategy would reasonably operate. *As an example, for the practice of addressing basic needs, you could share that coats, hats, bus passes, backpacks, and hygienic supplies are provided to participants at first point of engagement, if needed/requested.*

	<b><u>Name of Practice</u></b>	<b><u>Direct Service</u></b>	<b><u>Referred Service</u></b>	<b><u>Elaborate on the specific iteration of this practice in your local jurisdiction and how this strategy would reasonably operate.</u></b>
<i>Other evidence-based or tribal-based practice 1:</i>				
<i>Other evidence-based or tribal-based practice 2:</i>				
<i>Other evidence-based or tribal-based practice 3:</i>				
<i>Other evidence-based or tribal-based practice 4:</i>				
<i>Other evidence-based or tribal-based practice 5:</i>				

33. What level of Mental Health (MH) care does the program refer participants to?

Select all that apply. **[checkbox]**

- ☐ Partial hospitalization

- Intensive outpatient
- Secure residential treatment facility (SRTF)
- Residential treatment home/Residential treatment facility
- Supported housing – treatment specific
- Supported housing – mixed housing
- Outpatient
- None

34. What level of care for Substance Use Disorder (SUD) does the program refer participants to? Select all that apply. **[checkbox]**

- Detox
- Early Intervention
- Level 1.0 Long-Term Remission Monitoring
- Level 1.5 Outpatient Therapy
- Level 1.7 Medically Managed Outpatient Treatment
- Level 2.1 Intensive Outpatient Treatment
- Level 2.5 High-Intensity Outpatient Treatment
- Level 2.7 Medically Managed Intensive Outpatient Treatment
- Level 3.1 Clinically Managed Low-Intensity Residential Treatment
- Level 3.5 Clinically Managed High-Intensity Residential Treatment
- Level 3.7 Medically Managed Residential Treatment
- Level 4.0 Medically Managed Inpatient Treatment
- None

35. How does your program ensure it effectively supports the target population's needs in a way that uses resources efficiently? Please provide examples of ways your program is integrating program supports and services with existing behavioral health programs, identifying multiple sources of funding, and maximizing Coordinated Care Organization engagement without supplanting or duplicating existing sources of funding. If applicable, please speak to whether and to what extent your proposed program design could be replicated statewide. **[text box, 150-word limit]**

## Section C: Budget Projection & Sustainability

### Program Sustainability

As a reminder, the CJC does not allow supplanting of existing sources of funding (see the [CJC's Grant Administration Guide](#)).

1. Which of the following funding sources currently support this program and/or will be part of a braided funding design for this program? Select all that apply. Applicants should answer this item to the best of their ability. **[checkbox]**
  - ☐ CJC IMPACTS Grant Program
  - ☐ CJC Justice Reinvestment Program (JRP)
  - ☐ CJC Jail-based Medication for Opioid Use Disorder (JMOUD) Grant Program
  - ☐ CJC Treatment (Specialty) Court Grant Program
  - ☐ CJC Behavioral Health Deflection (BHD) Grant Program
  - ☐ CJC Restorative Justice (RJ) Grant Program
  - ☐ Medical Assistance Program (OHP) Funding
  - ☐ Measure 57 Funds
  - ☐ State and County General Funds (e.g., local contributions, time donated by agency in lieu of monies)
  - ☐ Substance Abuse and Mental Health Services Administration (SAMHSA) Grant
  - ☐ Bureau of Justice Assistance (BJA) Grant
  - ☐ Office of Juvenile Justice and Delinquency Prevention (OJJDP) Grant
  - ☐ Private donations and Foundation grants
  - ☐ OHA Behavioral Health County Financial Assistance Agreement (CFAA) funding (e.g., Crisis Services, Forensic & Involuntary Services)
  - ☐ OHA Behavioral Health Resource Network (BHRN) Grant
  - ☐ Opioid Settlement Funds
  - ☐ Other 1 (please specify, leave blank if not present): \_\_\_\_\_
  - ☐ Other 2 (please specify, leave blank if not present): \_\_\_\_\_
  - ☐ Other 3 (please specify, leave blank if not present): \_\_\_\_\_
2. How does your organization plan to financially sustain CJC funded IMPACTS programming beyond the 2025-2027 grant period using alternative funding sources? Please describe selected financial support pathways for future program sustainability. *Select all that apply.* **[checkbox]**
  - ☐ Existing grant funding (state, federal, and/or foundation; please specify type and grant period) **[open text]**
  - ☐ Future grant funding (state, federal, and/or foundation; please specify type and grant period) **[open text]**
  - ☐ Local government funding
  - ☐ Medicaid or insurance billing
  - ☐ Partnerships with local governments (please specify): **[open text]**
  - ☐ Fundraising or philanthropic support (please specify): **[open text]**
  - ☐ Organizational general funds
  - ☐ In-kind support from partners
  - ☐ Other (please specify): **[open text]**
  - ☐ No planned financial support

3. Please identify the type of organizational support currently in place for sustaining IMPACTS programming beyond the 2025-2027 grant period. Please describe selected organizational support pathways for future program sustainability. *Select all that apply.* **[checkbox]**

- ☐ Organizational leadership commitment: **[open text]**
- ☐ Organizational strategic plan: **[open text]**
- ☐ Long-term partner commitments: **[open text]**
- ☐ Billable services or reimbursement pathways: **[open text]**
- ☐ Continuity of operations plan, with budget allowability: **[open text]**
- ☐ Other (please specify): **[open text]**
- ☐ No current organizational support

### *Budget Projection Sheet*

Funding distributed to IMPACTS program awardees must be spent on costs associated with increasing access to comprehensive community supports and services for the IMPACTS program target population(s) with the goal of **reducing the number of jail bookings, emergency department hospitalizations, and institutional placements for the target population in favor of diversion to coordinated community-based treatment, supports, and services.** Funds must be used to establish, improve, and advance evidence-based and tribal-based programs to provide needed supports and services that benefit the target population in local communities. As the CJC is the administering agency for this grant, the use of grant funds must comply with the [CJC Grant Administration Guide](#).

### *Acknowledgement of Supplanting Regulations*

Funds must be used to supplement existing funds and not replace (supplant) funds that have been appropriated for the same purpose. Grant funds may not be used to pay for program activities the grant recipient is already obligated to pay or has already funded. Grant funds must be used to increase the total amount of funds available to deliver program services. The rules governing supplanting also apply to any funds used as a match. Please acknowledge that you have read and understood the following statement: **[required checkbox]**

- ☐ I acknowledge the requested funds will supplement our agency's existing funds and will not be used to supplant funds.

### *Budget Projection Sheet Upload*

Please download the 25-27 IMPACTS Budget Projection Sheet ([click here](#)) and then upload your Budget Projection Sheet below. The budget projection sheet must be submitted using the original formatting and formulas provided to the applicant by the CJC or it will not be accepted.

**[Upload 2025-27 IMPACTS Budget Projection Sheet]**

# IMP-27-XX GRANT AGREEMENT

## CRIMINAL JUSTICE COMMISSION

### IMPROVING PEOPLE'S ACCESS TO COMMUNITY-BASED TREATMENT, SUPPORTS, AND SERVICES GRANT PROGRAM

**Agreement Number:** IMP-27-XX

This grant agreement ("Agreement"), dated as of the date the Agreement is fully executed, is between the State of Oregon, acting through its Oregon Criminal Justice Commission ("CJC" or "State"), and **Grantee Name** ("Recipient"). This Agreement becomes effective only when fully signed and approved as required by applicable law ("Effective Date"). Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire **November 30, 2027**.

This Agreement consists of this document and the following documents, all of which are attached hereto and incorporated herein by reference:

**Exhibit A:** Contact Information, Project Description and Reporting Requirements

In the event of a conflict between two or more of the documents comprising this Agreement, the language in the document with the highest precedent shall control. The precedence of each of the following documents comprising this Agreement is as follows, listed from highest precedence to lowest precedence: this Agreement without Exhibits; Exhibit A.

#### SECTION 1: KEY GRANT TERMS

The following capitalized terms have the meanings assigned below.

**Grant Amount:** \$XXX,XXX,XXX

**Completion Deadline:** August 31, 2027

#### SECTION 2: FINANCIAL ASSISTANCE

CJC shall provide Recipient, and Recipient shall accept from CJC, a grant (the "Grant") in an aggregate amount not to exceed the Grant Amount.

CJC's obligations are subject to the receipt of the following items, in form and substance satisfactory to CJC and its Counsel:

- (1) This Agreement duly signed by an authorized officer of Recipient; and
- (2) Such other certificates, documents, and information as CJC may reasonably require.

#### SECTION 3: DISBURSEMENT

A. Disbursement. Upon execution of this Agreement and satisfaction of all conditions precedent, CJC shall disburse Grant funds to Recipient in installments as listed:

- (1) \$XXX,XXX by March 31, 2026;
- (2) \$XXX,XXX by September 30, 2026; and
- (3) \$XXX,XXX by March 31, 2027.

## B. Conditions to Disbursements.

- (1) CJC has no obligation to disburse Grant funds unless:
  - i. CJC has sufficient funds currently available for this Agreement;
  - ii. CJC has received appropriations, limitations, allotments or other expenditure authority sufficient to allow CJC, in the exercise of its reasonable administrative discretion, to make payment. Notwithstanding any other provision of this Agreement, CJC's determination not to disburse funds due to lack of appropriations, allotments, or expenditure authority will not constitute an Event of Default; and
  - iii. Recipient is in compliance with the terms of this Agreement.
- (2) CJC may amend this Agreement to remove the final disbursement of Grant funds in subsection A of this section if Recipient has not expended at least 60 percent of the Grant Amount by December 31, 2026. Notwithstanding any other provision of this Agreement, CJC's determination not to disburse funds under this subsection will not constitute an Event of Default.

## **SECTION 4: USE OF GRANT**

As more particularly described in Exhibit A, Recipient will use the Grant to fund Improving People's Access to Community-based Treatment, Supports, and Services programs (the "Project"). Recipient may only use Grant funds to cover reasonable and necessary Project costs incurred by Recipient during the period beginning July 1, 2025, and ending on the Completion Deadline, and that are allocable thereto and that are not excluded by CJC as set forth in the *Grant Administration Guide* published by CJC ("Eligible Costs"). Recipient must expend the entire Grant Amount on Eligible Costs. Such expenditure must occur no later than the Completion Deadline.

## **SECTION 5: REPRESENTATIONS AND WARRANTIES OF RECIPIENT**

Recipient represents and warrants to CJC as follows:

### A. Organization and Authority.

- (1) Recipient is validly organized and existing under the laws of the State of Oregon.
- (2) Recipient has all necessary right, power and authority under its organizational documents and applicable Oregon law to execute and deliver this Agreement and incur and perform its obligations under this Agreement.
- (3) This Agreement has been authorized by an ordinance, order or resolution of Recipient's governing body if required by its organizational documents or applicable law.
- (4) This Agreement has been duly executed by Recipient, and when executed by CJC, is legal, valid and binding, and enforceable in accordance with this Agreement's terms.

B. Full Disclosure. Recipient has disclosed in writing to CJC all facts that materially adversely affect the Grant, or the ability of Recipient to perform all obligations required by this Agreement. Recipient has made no false statements of fact, nor omitted information necessary to prevent any statements from being misleading. The information contained in this Agreement, including Exhibit A, is true and accurate in all respects.



- C. Pending Litigation. Recipient has disclosed in writing to CJC all proceedings pending (or to the knowledge of Recipient, threatened) against or affecting Recipient, in any court or before any governmental authority or arbitration board or tribunal, that, if adversely determined, would materially adversely affect the Grant or the ability of Recipient to perform all obligations required by this Agreement.

## SECTION 6: COVENANTS OF RECIPIENT

Recipient covenants as follows:

- A. Notice of Adverse Change. Recipient shall promptly notify CJC of any adverse change in the activities, prospects or condition (financial or otherwise) of Recipient related to the ability of Recipient to perform all obligations required by this Agreement.
- B. Compliance with Laws.
- (1) Recipient will comply with the requirements of all applicable federal, state and local laws, rules, regulations, and orders of any governmental authority, except to the extent an order of a governmental authority is contested in good faith and by proper proceedings.
  - (2) Recipient is responsible for all federal or state tax laws applicable to its implementation of the Project and its use of the Grant or compensation or payments paid with the Grant.
- C. Worker's Compensation Insurance. All employers, including Recipient, that employ subject workers who provide services in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126. Employer's liability insurance with coverage limits of not less than \$500,000 must be included. Recipient shall ensure that each of its subcontractors and subrecipients complies with these requirements.
- D. Return of Misexpended or Unexpended Grant Funds. Any Grant funds disbursed to Recipient, or any interest earned by Recipient on the Grant funds, under this Agreement that are not used in accordance with this Agreement ("misexpended Grant funds") or remain unexpended on the earlier of termination of this Agreement, completion of the Project, or the Completion Deadline ("unexpended Grant funds"), must be returned to CJC. Recipient shall return all misexpended Grant funds to CJC immediately unless directed otherwise in writing by CJC. Recipient shall return all unexpended Grant funds CJC within 30 days after the earlier of termination of this Agreement, completion of the Project, or the Completion Deadline.
- E. Financial Records. Recipient will cooperate with CJC to provide all necessary financial information and records to comply with reporting required in Exhibit A. Recipient will keep proper books of account and records on all activities associated with the Grant, including, but not limited to, invoices, cancelled checks, payroll records, instruments, agreements and other supporting financial records documenting the use of the Grant. Recipient will maintain these books of account and records in accordance with generally accepted accounting principles. Recipient will retain these books of account and records until six years after the Completion Deadline or the date that all disputes, if any, arising under this Agreement have been resolved, whichever is later.
- F. Inspection. Recipient shall permit CJC, and any party designated by CJC, the Oregon Secretary of State's Office, and their duly authorized representatives, at any reasonable time, to inspect

and make copies of any accounts, books and records related to the administration of this Agreement. Recipient shall supply any Agreement-related information as CJC may reasonably require, with the exception of materials protected by attorney-client privilege or the attorney work product doctrine. Further, Recipient shall neither supply, nor permit inspection of, (1) any information protected by HIPAA, ORS 192.553, or related regulations or rules, or (2) the personnel files of Recipient's employees, absent appropriate confidentiality protections, including exemption from disclosure under the Public Records Law, ORS ch. 192.

G. Notice of Event of Default. Recipient shall give CJC prompt written notice of any Event of Default, or any circumstance that with notice or the lapse of time, or both, may become an Event of Default, as soon as Recipient becomes aware of its existence or reasonably believes an Event of Default is likely.

H. Recipient Subagreements, Insurance and Procurements.

(1) Subagreements. Recipient may enter into agreements with subcontractors and subrecipients ("Subagreements") for implementation of portions of the Project. Recipient shall notify CJC of each Subagreement and provide CJC with a copy of a Subagreement upon request by CJC. Any material breach of a term or condition of a Subagreement relating to Grant funds provided under this Agreement must be reported by Recipient to CJC within ten (10) days of its discovery.

(2) Subagreement indemnity.

***Each Recipient Subagreement shall require each other party to such Subagreement, that is not a unit of local government as defined in ORS 190.003, or a unit of state government as defined in ORS 174.111, to indemnify, defend, save and hold harmless the CJC and its officers, employees and agents from and against any and all claims, actions, liabilities, damages, losses, or expenses, including attorneys' fees, arising from a tort, as now or hereafter defined in ORS 30.260, caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the other party to the Subagreement or any of such party's officers, agents, employees or contractors ("Claims"). It is the specific intention of the Parties that CJC shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the CJC, be indemnified by the other party to the Subagreement from and against any and all Claims.***

Any such indemnification shall also provide that neither the other party to such Subagreement nor any attorney engaged by such party shall defend a Claim in the name of the State of Oregon or an agency of the State of Oregon, nor purport to act as legal representative of the State of Oregon or any of its agencies, without the prior written consent of the Oregon Attorney General. The State may, at any time at its election, assume its own defense and settlement in the event that it determines that the other party to such Subagreement is prohibited from defending State or that such other party is not adequately defending State's interests, or that an important governmental principle is at issue or that it is in the best interests of State to do so. State reserves all rights to pursue claims it may have against the other party to such Subagreement if State elects to assume its own defense.

(3) Insurance.

Recipient shall maintain, or cause to be maintained, insurance policies with responsible insurers or self-insurance programs, insuring against liability and risk of direct physical loss, damage or destruction of the Project, at least to the extent that similar insurance is customarily carried by similar entities engaged in similar activities. Upon request, Recipient shall provide to CJC a Certificate(s) of Insurance required under this Agreement or, as applicable, require each subrecipient to, upon request, provide to CJC a Certificate(s) of Insurance required under this Agreement. Nothing in this provision precludes Recipient from exerting a defense against any party other than CJC, including a defense of immunity.

(4) Procurements.

Recipient shall make purchases of any equipment, materials, or services for the Project under procedures that comply with Oregon law, including all applicable provisions of the Oregon Public Contracting Code, ORS chapters 279A, 279B and 279C.

## SECTION 7: DEFAULT

A. Recipient Default. Any of the following constitutes an “Event of Default” of Recipient:

- (1) Misleading Statement. Any materially false or misleading representation is made by Recipient or a person authorized to speak on its behalf, in this Agreement or in any document provided by Recipient related to this Grant.
- (2) Failure to Perform. Recipient fails to perform, observe or discharge any of its covenants, agreements, or obligations under this Agreement, other than those referred to in subsection (1) of this section, and that failure continues for a period of 30 calendar days after written notice specifying such failure is given to Recipient by CJC. CJC may agree in writing to an extension of time if it determines Recipient instituted and has diligently pursued corrective action. Acts or omissions of subgrantees shall not constitute an Event of Default unless ratified or knowingly induced by Recipient.

B. CJC Default. CJC will be in default under this Agreement if it fails to perform, observe or discharge any of its covenants, agreements, or obligations under this Agreement.

## SECTION 8: REMEDIES

A. CJC Remedies. Upon the occurrence of an Event of Default, CJC may pursue any remedies available under this Agreement, at law or in equity. Such remedies include, but are not limited to, termination of CJC’s obligations to provide Grant funds or further disbursements, return of all or a portion of the Grant Amount, payment of interest earned on the Grant Amount, and declaration of ineligibility for the receipt of future awards from CJC. If, because of an Event of Default, CJC demands return of all or a portion of the Grant Amount or payment of interest earned on the Grant Amount, Recipient shall pay the amount upon CJC’s demand.

CJC may also recover all or a portion of any amount due from Recipient by deducting that amount from any payment due to Recipient from the State of Oregon under any other contract or agreement, present or future, unless prohibited by state or federal law.

CJC reserves the right to turn over any unpaid debt under this Section 8 to the Oregon Department of Revenue or a collection agency and may publicly report any delinquency or default. These remedies are cumulative and not exclusive of any other remedies provided by law.

- B. Recipient Remedies. In the event of default by CJC, Recipient's sole remedy will be for disbursement of Grant funds for Eligible Costs of the Project, not to exceed the total Grant Amount, less any claims CJC has against Recipient.

## SECTION 9: TERMINATION

- A. Mutual Termination. This Agreement may be terminated at any time by mutual written consent of the parties.
- B. Termination by CJC. In addition to terminating this Agreement upon an Event of Default as provided in Section 8, CJC may terminate this Agreement with notice to Recipient under any of the following circumstances:
- (1) If CJC anticipates a shortfall in applicable revenues or CJC fails to receive sufficient funding, appropriations or other expenditure authorizations to allow CJC, in its reasonable discretion, to continue making payments under this Agreement.
  - (2) There is a change in federal or state laws, rules, regulations or guidelines so that the uses of the Grant are no longer eligible for funding.
- C. Termination by Recipient. Recipient may terminate this Agreement with notice to CJC under any of the following circumstances:
- (1) After conferring with CJC, Recipient has determined that the requisite local funding to continue the Project is unavailable to Recipient or Recipient is unable to continue implementation of the Project as a result of circumstances not reasonably anticipated by Recipient at the time it executed this Agreement and that are beyond Recipient's reasonable control.
  - (2) There is a change in federal or state laws, rules, regulations or guidelines so that the uses of the Grant are no longer eligible for funding.

## SECTION 10: MISCELLANEOUS

- A. Contribution.
- (1) If any third party makes any claim or brings any action, suit or proceeding alleging a tort as now or hereafter defined in ORS 30.260 ("Third Party Claim") against CJC or Recipient relating to this Agreement or the Project and with respect to which the other Party may have liability, the notified Party must promptly notify the other Party in writing of the Third Party Claim and deliver to the other Party a copy of the claim, process, and all legal pleadings with respect to the Third Party Claim. Each Party is entitled to participate in the defense of a Third Party Claim, and to defend a Third Party Claim with counsel of its own choosing. Receipt by a Party of the notice and copies required in this paragraph and meaningful opportunity for the Party to participate in the investigation, defense and settlement of the Third Party Claim with counsel of its own choosing are conditions precedent to that Party's contribution obligation with respect to the Third Party Claim.

- (2) With respect to a Third Party Claim for which CJC is jointly liable with Recipient (or would be if joined in the Third Party Claim ), CJC shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by Recipient in such proportion as is appropriate to reflect the relative fault of the CJC on the one hand and of Recipient on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of CJC on the one hand and of Recipient on the other hand shall be determined by reference to, among other things, the Parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. CJC's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law, including the Oregon Tort Claims Act, ORS 30.260 to 30.300, if CJC had sole liability in the proceeding.
- (3) With respect to a Third Party Claim for which Recipient is jointly liable with CJC (or would be if joined in the Third Party Claim), Recipient shall contribute to the amount of expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred and paid or payable by CJC in such proportion as is appropriate to reflect the relative fault of Recipient on the one hand and of CJC on the other hand in connection with the events which resulted in such expenses, judgments, fines or settlement amounts, as well as any other relevant equitable considerations. The relative fault of Recipient on the one hand and of CJC on the other hand shall be determined by reference to, among other things, the Parties' relative intent, knowledge, access to information and opportunity to correct or prevent the circumstances resulting in such expenses, judgments, fines or settlement amounts. Recipient's contribution amount in any instance is capped to the same extent it would have been capped under Oregon law, including the Oregon Tort Claims Act, ORS 30.260 to 30.300, if it had sole liability in the proceeding.

- B. No Implied Waiver. No failure or delay on the part of CJC to exercise any right, power, or privilege under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right, power, or privilege under this Agreement preclude any other or further exercise thereof or the exercise of any other such right, power, or privilege.
- C. Choice of Law; Designation of Forum; Federal Forum. The laws of the State of Oregon (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Agreement, including, without limitation, its validity, interpretation, construction, performance, and enforcement.

Any party bringing a legal action or proceeding against any other party arising out of or relating to this Agreement shall bring the legal action or proceeding in the Circuit Court of the State of Oregon for Marion County (unless Oregon law requires that it be brought and conducted in another county). Each party hereby consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum.

Notwithstanding the prior paragraph, if a claim must be brought in a federal forum, then it must be brought and adjudicated solely and exclusively within the United States District Court for the District of Oregon. This paragraph applies to a claim brought against the State of Oregon only to

the extent Congress has appropriately abrogated the State of Oregon's sovereign immunity and is not consent by the State of Oregon to be sued in federal court. This paragraph is also not a waiver by the State of Oregon of any form of defense or immunity, including but not limited to sovereign immunity and immunity based on the Eleventh Amendment to the Constitution of the United States.

- D. Notices and Communication. Except as otherwise expressly provided in this Agreement, any communication between the parties or notices required or permitted must be given in writing by personal delivery, email, or by mailing the same, postage prepaid, to Recipient or CJC at the addresses listed in Exhibit A, or to such other persons or addresses that either party may subsequently indicate pursuant to this Section.

Any communication or notice by personal delivery will be deemed effective when actually delivered to the addressee. Any communication or notice so addressed and mailed will be deemed to be received and effective five days after mailing. Any communication or notice given by email becomes effective 1) upon the sender's receipt of confirmation generated by the recipient's email system that the notice has been received by the recipient's email system or 2) the recipient's confirmation of receipt, whichever is earlier. Notwithstanding this provision, the following notices may not be given by email: notice of default or notice of termination.

- E. Amendments. This Agreement may not be altered, modified, supplemented, or amended in any manner except by written instrument signed by both parties.
- F. Work Product. To the extent it has the necessary rights, Recipient hereby grants to CJC a non-exclusive, irrevocable, perpetual, royalty-free, license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display for governmental purposes, all documents, reports and works of authorship created, produced or obtained as part of or in connection with the Project ("Work Product"). Recipient shall deliver copies of Work Product to CJC upon request. In addition, if applicable law requires that CJC own such intellectual property, then Recipient shall execute such further documents and instruments as CJC may reasonably request in order to assign ownership in the intellectual property to CJC.
- G. Independent Contractor. Recipient shall implement the Project as an independent contractor and not as an agent or employee of CJC. Recipient has no right or authority to incur or create any obligation for or legally bind CJC in any way. CJC cannot and will not control the means or manner by which Recipient implements the Project, except as specifically set forth in this Agreement. Recipient is responsible for determining the appropriate means and manner of implementing the Project. Recipient acknowledges and agrees that Recipient is not an "officer", "employee", or "agent" of CJC, as those terms are used in ORS 30.265, and shall not make representations to third parties to the contrary.
- H. Severability. If any provision of this Agreement will be held invalid or unenforceable by any court of competent jurisdiction, such holding will not invalidate or render unenforceable any other provision.
- I. Successors and Assigns. This Agreement will be binding upon and inure to the benefit of CJC, Recipient, and their respective successors and assigns, except that Recipient may not assign or transfer its rights, obligations or any interest without the prior written consent of CJC.
- J. Counterparts. This Agreement may be signed in several counterparts, each of which is an original and all of which constitute one and the same instrument.

- K. Integration. This Agreement (including all exhibits, schedules or attachments) constitutes the entire agreement between the parties on the subject matter. There are no unspecified understandings, agreements or representations, oral or written, regarding this Agreement.
- L. No Third-Party Beneficiaries. CJC and Recipient are the only parties to this Agreement and are the only parties entitled to enforce the terms of this Agreement. Nothing in this Agreement gives or provides, or is intended to give or provide, to third persons any benefit or right not held by or made generally available to the public, whether directly, indirectly or otherwise, unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement. Notwithstanding the foregoing, CJC acknowledges, agrees, and intends that Recipient will expend the Grant consistent with the Project.
- M. Survival. The following provisions, including this one, survive expiration or termination of this Agreement: Sections 6.D through 6.F, 7, 8, 10.A, 10.C, 10.D, and 10.O.
- N. Time is of the Essence. The parties agree that time is of the essence under this Agreement.
- O. Public Records. CJC's obligations under this Agreement are subject to the Oregon Public Records Laws.

***The signatures of the parties follow on the next page.***

Recipient, by its signature below, acknowledges that it has read this Agreement, understands it, and agrees to be bound by its terms and conditions.



**STATE OF OREGON**  
acting by and through its  
Criminal Justice Commission

**GRANTEE NAME**

By: \_\_\_\_\_  
Ryan Keck, Interim Executive Director

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Legal Sufficiency in accordance with ORS 291.047:

*Approved by email dated* **XX/XX/XX**  
\_\_\_\_\_  
Nina Englander, Senior Assistant Attorney General



<b>EXHIBIT A:</b> <b>CONTACT INFORMATION, PROJECT DESCRIPTION AND REPORTING REQUIREMENTS</b>
-------------------------------------------------------------------------------------------------

**Contact Information:**

**CJC**

State of Oregon, acting by and through  
its Criminal Justice Commission

**Grant Administrator:** Kaysea Beck

**Telephone:** 5003-602-0640

**Email:** kaysea.beck @cjc.oregon.gov

**Recipient**

**Grantee Name**

**Mailing Address**

**City State Zip**

**Contact: Name**

**Telephone: Number**

**Email: Email**

**Project Description:**

Pursuant to Senate Bill (SB) 973 (2019), the purpose of the Improving People's Access to Community-based Treatment, Supports, and Services (IMPACTS) addresses the shortage of comprehensive community supports and services for individuals with mental health or substance use disorders, leading to their involvement with the criminal justice system, hospitalizations and institutional placements. The purpose of the program is to address this need by awarding grants to counties and Oregon's federally recognized Indian tribes to establish evidence-based and tribal-based program to provide the needed supports and services.

Recipient shall use Grant funds to reduce the number of jail bookings and emergency department hospitalizations for the target population in favor of diversion to coordinated community-based treatment, supports, and services by establishing evidence-based and tribal-based programs and to increase efforts toward the goals stated above. Specifically, Recipient shall use Grant funds to INSERT.

**Project Period:**

**Start Date:** July 1, 2025

**End Date:** August 31, 2027

## **Reporting Requirements:**

### Schedule

Recipient must submit to CJC quarterly expenditure reports, beginning July 25, 2026, until the earlier of the thirty (30) days after Grant funds are fully expended or thirty (30) days after the Completion Deadline.

Recipient must submit to CJC quarterly progress reports beginning July 25, 2026, until the earlier of thirty (30) days after Grant funds are fully expended or thirty (30) days after the Completion Deadline.

Recipient must submit to CJC's research partners data reports on a monthly, rolling basis, beginning July 1, 2025, until the earlier of thirty (30) days after Grant funds are fully expended or thirty (30) days after the Completion Deadline.

Recipient must receive prior approval from CJC to submit any required report after its due date.

### Report Contents

Required reports must be submitted through CJC's grant administration system and the Research Electronic Data Capture (REDCap) data collection portal, respectively, and contain all the requested information.

1. CJC Quarterly Expenditure Report (<https://cjc-grants.smapply.io>)
  - a. Grant Funds spent during the prior calendar quarter, with brief description; and
  - b. Any quarterly information on the Project as CJC may reasonably request.
2. CJC Semi-Annual Progress Report (<https://cjc-grants.smapply.io>)
  - a. In a narrative fashion, Recipient's progress in meeting the Project's objectives during the six-month period preceding the report date, and remedial actions necessary if those objectives have not been met in any respect.
3. REDCap Monthly Data Report
  - a. Deidentified data on program participants enrolled, engaged, or served during the prior calendar month; and
  - b. Any monthly information on the Project as CJC may reasonably request.