



# Grants Report

**DRAFT**

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**County Executive Office/Legislative Affairs**

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February 28, 2023  
Item No: 40**County of Orange Report on Grant Applications/Awards**

*The Grants Report is a condensed list of grant requests by County Agencies/Departments that allows the Board of Supervisors to discuss and approve grant submittals in one motion at a Board meeting. County policy dictates that the Board of Supervisors must approve all grant applications prior to submittal to the grantor. This applies to grants of all amounts, as well as to new grants and those that have been received by the County for many years as part of an ongoing grant. Receipt of grants \$50,000 or less is delegated to the County Executive Officer. Grant awards greater than \$50,000 must be presented to the Board of Supervisors for receipt of funds. This report allows for better tracking of county grant requests, the success rate of our grants, and monitoring of County's grants activities. It also serves to inform Orange County's Sacramento and Washington, D.C. advocates of County grant activities involving the State or Federal Governments.*

On February 28, 2023, the Board of Supervisors will consider the following actions:

**RECOMMENDED ACTIONS**

Approve grant applications/awards as proposed and other actions as recommended.

**ACTION ITEMS:**

1. Approve Grant Application – Health Care Agency – Naloxone Distribution Project – \$157,500
2. Approve Grant Application – Health Care Agency – California Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia – \$708,000
3. Approve Grant Application – Health Care Agency – Building Our Largest Dementia (BOLD) Public Health Programs to Address Alzheimer's Disease and Related Dementias – \$2,250,000
4. Approve Grant Award – OC Public Works – Safe Streets and Roads for All (SS4A) Grant Program – \$808,000
5. Approve Grant Award – Public Defender – Public Defense Pilot Program – \$3,984,665.26
6. Receive and File Grants Report.



# CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

☒ GRANT APPLICATION / ☐ GRANT AWARD

<b>Today's Date:</b>	02/15/2023
<b>Requesting Agency/Department:</b>	OCHCA – Mental Health Recovery Services (MHRS)
<b>Grant Name and Project Title:</b>	Naloxone Distribution Project
<b>Sponsoring Organization/Grant Source:</b> (If the grant source is not a government entity, please provide a brief description of the organization/foundation)	Department of Health Care Services (DHCS)
<b>Application Amount Requested:</b>	2100 units of Naloxone (at \$75 per unit, that equates to \$157,500 in Naloxone distribution)
<b>Application Due Date:</b>	Ongoing project
<b>Board Date when Board Approved this Application:</b>	N/A
<b>Awarded Funding Amount:</b>	N/A
<b>Notification Date of Funding Award:</b>	N/A
<b>Is this an Authorized Retroactive Grant Application/Award?</b> No (If yes, attach memo to CEO)	
<b>Recurrence of Grant</b>	New <input type="checkbox"/> Recurrent <input checked="" type="checkbox"/> Other <input type="checkbox"/> Explain:
<b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>	In the last two years, HCA has received over 5,500 units through this ongoing grant.
<b>Does this grant require CEQA findings?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What Type of Grant is this?</b>	Competitive <input type="checkbox"/> Other Type <input checked="" type="checkbox"/> Explain: This is a non-competitive allocation, based on a formula calculated by the state for each County
<b>County Match?</b>	Yes <input type="checkbox"/> Amount _____ or _____ % No <input checked="" type="checkbox"/>
<b>How will the County Match be Fulfilled?</b> (Please include the specific budget)	N/A
<b>Will the grant/program create new part or full-time positions?</b>	No
<b>Purpose of Grant Funds:</b>	Provide a summary and brief background of why Board of Supervisors why should accept this grant application/award, and how the grant will be implemented.
<p>The Health Care Agency (HCA) Mental Health Recovery Services (MHRS) is requesting to apply for this grant opportunity for free naloxone units, through the Department of Health Care Services (DHCS) Naloxone Distribution Project. Naloxone is a non-addictive medication that blocks the effects of opioids, and can quickly reverse an opioid overdose. Recent statistical information showed that 39,000 units of Naloxone has been approved for distribution in Orange County since the Naloxone Distribution Project implementation in October 2018.</p> <p>OC HCA has an established Naloxone Policy and Procedure in place that includes training, storage, distribution and disposal, and meets criteria to submit applications to DHCS to participate in the Naloxone Distribution Project. Through the Naloxone Distribution Project, fifteen OC HCA – MHRS SUD County Clinics will gain additional access to Naloxone free of</p>	



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charge and will be able to distribute to those individuals that qualify. Additionally, O&E and CYP programs will gain access to Naloxone free of charge and will be able to distribute to those individuals that qualify. HCA – MHRS will receive the Naloxone free of charge for a total savings of \$157,500 Naloxone can be reordered, free of charge, as long as the project remains active with DHCS.

**Board Resolution Required?**

(Please attach document to eForm)

Yes ☐

No ☒

**Deputy County Counsel Name:**

(Please list the Deputy County Counsel that approved the Resolution)

**Recommended Action/Special Instructions**

(Please specify below)

Authorize the Health Care Agency Director or designee to apply for Naloxone units from the California Department of Health Care Services free of charge for a total savings of \$157,500 (based on 2100 units requested).

**Department Contact :**

List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.

Veronica Kelley, Chief of Mental Health and Recovery Services

[vkelly@ochca.com](mailto:vkelly@ochca.com) phone: 714-834-7024

**Name of the individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant Item:

Veronica Kelley, Chief of Mental Health and Recovery Services

[vkelly@ochca.com](mailto:vkelly@ochca.com) phone: 714-834-7024



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☒ GRANT APPLICATION / ☐ GRANT AWARD

<b>Today's Date:</b>	February 17, 2023
<b>Requesting Agency/Department:</b>	Health Care Agency
<b>Grant Name and Project Title:</b>	2023-2025 California Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia
<b>Sponsoring Organization/Grant Source:</b> (If the grant source is not a government entity, please provide a brief description of the organization/foundation)	California Department of Public Health Alzheimer's Disease Program
<b>Application Amount Requested:</b>	\$708,000 – 2 Years
<b>Application Due Date:</b>	March 17, 2023
<b>Board Date when Board Approved this Application:</b>	N/A
<b>Awarded Funding Amount:</b>	N/A
<b>Notification Date of Funding Award:</b>	N/A
<b>Is this an Authorized Retroactive Grant Application/Award? No</b> (If yes, attach memo to CEO)	
<b>Recurrence of Grant</b>	New <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> Other <input type="checkbox"/> Explain:
<b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>	N/A
<b>Does this grant require CEQA findings?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What Type of Grant is this?</b>	Competitive <input checked="" type="checkbox"/> Other Type <input type="checkbox"/> Explain:
<b>County Match?</b>	Yes <input type="checkbox"/> Amount _____ or _____ % No <input checked="" type="checkbox"/>
<b>How will the County Match be Fulfilled?</b> (Please include the specific budget)	N/A
<b>Will the grant/program create new part or full-time positions?</b>	No
<b>Purpose of Grant Funds:</b>	Provide a summary and brief background of why Board of Supervisors why should accept this grant application/award, and how the grant will be implemented.
<p>The California Department of Public Health (CDPH) Alzheimer's Disease Program (ADP)i is soliciting applications from local health jurisdictions (LHJs) to promote cognitive health, address cognitive impairment for people living in the community, and help meet caregiver needs. The purpose of the Request for Application (RFA) is to advance cognitive health as an integral component of public health. LHJs receiving funds shall incorporate all of the following fundamental planning principles: eliminating health disparities, improving health equity, collaborating across multiple sectors, and leveraging public and private resources for sustained impact.</p> <p>Required goals of the funding include:</p> <ul style="list-style-type: none"><li>• Monitoring data and evaluating programs to contribute to evidence-based practice.</li><li>• Educating and empowering the public with regard to brain health and cognitive aging</li><li>• Mobilizing public and private partnerships to engage local stakeholders in effective community-based interventions and best practices.</li><li>• Strengthening the knowledge, skills, and abilities of health care professionals who deliver care services to people with Alzheimer's disease and other dementias and their family caregivers.</li></ul>	



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HCA anticipates returning to the Board in April for approval to accept funding, if awarded.

**Board Resolution Required?**

(Please attach document to eForm)

Yes ☐

No ☒

**Deputy County Counsel Name:**

(Please list the Deputy County Counsel that approved the Resolution)

**Recommended Action/Special Instructions**

(Please specify below)

The Health Care Agency requests that the Board of Supervisors approve the Recommended Action authorizing the Agency to apply for this grant award, and delegate authority to the Health Care Agency Director, or designee, to execute the application and any forms needed for this application.

Authorize the Health Care Agency Director, or designee, to execute such future amendments to the application referenced above that do not change the application amount by more than 10% of the original amount and/or make immaterial changes to the scope of work.

**Department Contact:**

List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.

Dr. Regina Chinsio-Kwong, 714 834-2729, rchinsiokwong@ochca.com

**Name of the individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant Item:

Dr. Clayton Chau



# CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

☒ GRANT APPLICATION / ☐ GRANT AWARD

<b>Today's Date:</b>	February 1, 2023
<b>Requesting Agency/Department:</b>	Health Care Agency
<b>Grant Name and Project Title:</b>	BOLD Public Health Programs to Address Alzheimer's Disease and Related Dementias
<b>Sponsoring Organization/Grant Source:</b> (If the grant source is not a government entity, please provide a brief description of the organization/foundation)	Centers for Disease Control and Prevention (CDC)
<b>Application Amount Requested:</b>	\$2,250,000 – 5 Years
<b>Application Due Date:</b>	March 23, 2023
<b>Board Date when Board Approved this Application:</b>	N/A
<b>Awarded Funding Amount:</b>	N/A
<b>Notification Date of Funding Award:</b>	N/A
<b>Is this an Authorized Retroactive Grant Application/Award? No</b> (If yes, attach memo to CEO)	
<b>Recurrence of Grant</b>	New <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> Other <input type="checkbox"/> Explain:
<b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>	N/A
<b>Does this grant require CEQA findings?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What Type of Grant is this?</b>	Competitive <input checked="" type="checkbox"/> Other Type <input type="checkbox"/> Explain:
<b>County Match?</b>	Yes <input type="checkbox"/> Amount _____ or _____ % No <input checked="" type="checkbox"/>
<b>How will the County Match be Fulfilled?</b> (Please include the specific budget)	N/A
<b>Will the grant/program create new part or full-time positions?</b>	No
<b>Purpose of Grant Funds:</b>	Provide a summary and brief background of why Board of Supervisors why should accept this grant application/award, and how the grant will be implemented.
<p>The funding opportunity carries out actions from the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act PL 115-406 and will fund public health departments to increase their capacity to contribute to the field of Alzheimer's Disease and Related Dementias (ADRD) with an emphasis on increasing awareness and understanding among the general public, providers, and other professionals of ADRD topics including risk reduction, early diagnosis of ADRD, prevention and management of comorbidities leading to preventable hospitalizations, and caregiving for persons with dementia. Recipients are also expected to increase coordination of statewide efforts including improvement of community-clinical linkages between clinical, services, supports and community resources.</p> <p>HCA anticipates returning to the Board in September for approval to accept funding if awarded.</p>	
<b>Board Resolution Required?</b> (Please attach document to eForm)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Deputy County Counsel Name:</b> (Please list the Deputy County Counsel that approved the Resolution)	
<b>Recommended Action/Special Instructions</b>	



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(Please specify below)

The Health Care Agency requests that the Board of Supervisors approve the Recommended Action authorizing the Agency to apply for this grant award, and delegate authority to the Health Care Agency Director, or designee, to execute the application and any forms needed for this application.

Authorize the Health Care Agency Director, or designee, to execute such future amendments to the application referenced above that do not change the application amount by more than 10% of the original amount and/or make immaterial changes to the scope of work.

**Department Contact:**

List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.

Dr. Regina Chinsio-Kwong, 714 834-2729, [rchinsiokwong@ochca.com](mailto:rchinsiokwong@ochca.com)

**Name of the individual attending the Board Meeting:**

List the name of the individual who will be attending the Board Meeting for this Grant Item:

Dr. Clayton Chau



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☐ GRANT APPLICATION / ☒ GRANT AWARD

<b>Today's Date:</b>	February 28, 2023
<b>Requesting Agency/Department:</b>	OC Public Works
<b>Grant Name and Project Title:</b>	Safe Streets and Roads for All (SS4A) Grant Program - Orange County Local Road Safety Plan (LRSP)
<b>Sponsoring Organization/Grant Source:</b> <small>(If the grant source is not a government entity, please provide a brief description of the organization/foundation)</small>	U.S. Department of Transportation Infrastructure Investment and Jobs Act (also referred to as the "Bipartisan Infrastructure Law" or "BIL")
<b>Application Amount Requested:</b>	\$808,000
<b>Application Due Date:</b>	September 15, 2022
<b>Board Date when Board Approved this Application:</b>	August 23, 2022
<b>Awarded Funding Amount:</b>	\$808,000
<b>Notification Date of Funding Award:</b>	January 31, 2023
<b>Is this an Authorized Retroactive Grant Application/Award?</b> (If yes, attach memo to CEO) No	
<b>Recurrence of Grant</b>	New <input checked="" type="checkbox"/> Recurrent <input type="checkbox"/> Other <input type="checkbox"/> Explain:
<b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>	This is a <u>NEW</u> grant, which will be recurring annually for five years; we have not been awarded this grant in the past.
<b>Does this grant require CEQA findings?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What Type of Grant is this?</b>	Competitive <input checked="" type="checkbox"/> Other Type <input type="checkbox"/> Explain:
<b>County Match?</b>	Yes <input checked="" type="checkbox"/> Amount <u>\$202,000</u> No <input type="checkbox"/>
<b>How will the County Match be Fulfilled?</b> (Please include the specific budget)	Fund 115
<b>Will the grant/program create new part or full-time positions?</b>	No
<b>Purpose of Grant Funds:</b>	Provide a summary and brief background of why Board of Supervisors why should accept this grant application/award, and how the grant will be implemented.
<p>This grant facilitates development of a comprehensive safety action plan, referred to as, Local Road Safety Plan (LRSP). The LRSP will lay the framework for identifying, analyzing, and prioritizing roadway safety improvements on the County's local roads, and provide eligibility for future grant awards for implementation of safety improvement projects, identified in the LRSP. The process of developing a LRSP results in a prioritized list of issues, risks, actions, and improvements catered towards reducing fatalities and serious injuries. This systematic process not only considers engineering, but also the other "E's" such as equity, engagement, education/encouragement, and evaluation, when developing the LRSP, allowing the County to be proactive, rather than reactive, in its efforts to increase roadway safety.</p> <p>The total cost of developing a LRSP is estimated at \$1,010,000. The requested grant amount is \$808,000 (80%) and the local match is \$202,000 (20%).</p>	
<b>Board Resolution Required?</b> <small>(Please attach document to eForm)</small>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Deputy County Counsel Name:</b> <small>(Please list the Deputy County Counsel that approved the Resolution)</small>	N/A
<b>Recommended Action/Special Instructions</b> <small>(Please specify below)</small>	





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<ol style="list-style-type: none"><li>1. Authorize the Director of OC Public Works or designee to accept grant funds for the development of Local Road Safety Action Plan (LRSP);</li><li>2. Authorize the Director of OC Public Works or designee to sign cooperative agreements with the U.S. Department of Transportation, and to invoice for the development Local Road Safety Action Plan (LRSP);</li></ol>	
<b>Department Contact :</b>	List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.
Sonica Kohli, 714/647-3910, <a href="mailto:Sonica.Kohli@ocpw.ocgov.com">Sonica.Kohli@ocpw.ocgov.com</a>	
<b>Name of the individual attending the Board Meeting:</b>	List the name of the individual who will be attending the Board Meeting for this Grant Item:
Kevin Onuma, County Engineer, OC Public Works Nardy Khan, Deputy Director, OC Infrastructure Programs, OC Public Works	



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Attachment A

☐ GRANT APPLICATION / ☒ GRANT AWARD

<b>Today's Date:</b>	February 22, 2023
<b>Requesting Agency/Department:</b>	Public Defender
<b>Grant Name and Project Title:</b>	Public Defense Pilot Program
<b>Sponsoring Organization/Grant Source:</b> (If the grant source is not a government entity, please provide a brief description of the organization/foundation)	California Board of State and Community Corrections
<b>Application Amount Requested:</b>	\$3,984,665.26
<b>Application Due Date:</b>	December 6, 2022
<b>Board Date when Board Approved this Application:</b>	December 6, 2022
<b>Awarded Funding Amount:</b>	\$3,984,665.26
<b>Notification Date of Funding Award:</b>	February 22, 2023
<b>Is this an Authorized Retroactive Grant Application/Award? No</b> (If yes, attach memo to CEO)	
<b>Recurrence of Grant</b>	New <input type="checkbox"/> Recurrent <input checked="" type="checkbox"/> Other <input type="checkbox"/> Explain:
<b>If this is a recurring grant, please list the funding amount applied for and awarded in the past:</b>	FY 21- 22 Round 1 Applied: \$4,004,654.76 Awarded: \$4,004,654.76
<b>Does this grant require CEQA findings?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What Type of Grant is this?</b>	Competitive <input type="checkbox"/> Other Type <input checked="" type="checkbox"/> Explain: Population Driven Allocation
<b>County Match?</b>	Yes <input type="checkbox"/> Amount _____ or _____ % No <input checked="" type="checkbox"/>
<b>How will the County Match be Fulfilled?</b> (Please include the specific budget)	
<b>Will the grant/program create new part or full-time positions?</b>	Yes
<b>Purpose of Grant Funds:</b>	Provide a summary and brief background on why the Board of Supervisors should accept this grant application/award, and how the grant will be implemented.
The funding for the grant comes from the State Budget Act for fiscal year 2021-22, which allocated \$49,500,000 a year for three years to Counties to implement four recently enacted criminal justice mandates. Utilizing grant funding, Public Defender funds programs to represent clients within the scope of the grant—those falling under Penal Code sections 1172.6 (homicide resentencing), 3051 (youthful offender parole), 1172.1 (resentencing upon recommendation of the Secretary of CDCR) and 1473.7 (providing for vacating prior convictions under certain circumstances). This is the second round of funding for this grant and covers a period from March 1, 2023 to March 1, 2024.	
<b>Board Resolution Required?</b> (Please attach document to eForm)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Resolution adopted by the Board at the meeting on December 7, 2021.
<b>Deputy County Counsel Name:</b> (Please list the Deputy County Counsel that approved the Resolution)	Mark Servino & Brittany McLean
<b>Recommended Action/Special Instructions</b>	



## CEO-Legislative Affairs Office Grant Authorization eForm

Attachment A

(Please specify below)	
Authorize the Public Defender, or designee, to accept the second round of funding under the California Board of State and Community Corrections Public Defense Pilot Program.	
<b>Department Contact :</b>	List the name and contact information (telephone, e-mail) of the staff person to be contacted for further information.
Martin Schwarz Public Defender <a href="mailto:martin.schwarz@ocpubdef.com">martin.schwarz@ocpubdef.com</a> (657) 251-8879	
<b>Name of the individual attending the Board Meeting:</b>	List the name of the individual who will be attending the Board Meeting for this Grant Item:
Martin Schwarz Public Defender	