

**SANTA CRUZ COUNTY
BOARD OF SUPERVISORS INDEX SHEET**

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INVENUM: 58004

Resolution(s):

Ordinance(s):

Contract(s):

Continue Date(s):

- Index:** --Letter of Sheriff-Coroner
--Grant Award Face Sheet
--Project Contact Information
--Certification of Assurance of Compliance
--**Project Summary**

- Item: 19.** APPROVED grant application for the Residential Substance Abuse Treatment (RSAT/SAFE) program for fiscal year 200512006 in the amount of \$63,979.00; and authorized the Sheriff-Coroner to sign the grant application documents, as recommended by the Sheriff-Coroner



County of Santa Cruz

Sheriff-Coroner

701 Ocean Street, Suite 340, Santa Cruz, CA 95060
(831) 454-2440 FAX: (831) 454-2353

APPROVED AND FILED
BOARD OF SUPERVISORS

STEVE ROBBINS
Sheriff-Coroner

June 28, 2006

Board of Supervisors
County of Santa Cruz
701 Ocean Street, Room 500
Santa Cruz, California 95060

DATE: 8/1/06
COUNTY OF SANTA CRUZ
SUSAN A. MAURIELLO
EX-OFFICIO CLERK OF THE BOARD
BY Susan A. Mauriello DEPUTY

Agenda: August 1, 2006

RE: Grant Application for Residential Substance Abuse Treatment Program (RSAT)

Dear Members of the Board:

In July 2006, the Sheriffs Office submitted a grant application to the State Office of Emergency Services to provide partial funding in FY 05/06 for the in-custody Residential Substance Abuse Treatment (RSAT/ SAFE) at the Sheriffs Rountree Medium Security Facility. Applications for the funds already expended in FY05/06 finally opened up in June 2006. Due to the State Office of Emergency Service's timeline for this grant, we were unable to submit a copy of the FY 05/06 application to your Board for prior approval before the end of the FY 05/06. This letter is to request approval of this grant application.

The RSAT program was continued into FY 05/06, with your approval, on the State's assurances that the 2006 federal funds would become available sometime during the fiscal year. On January 24, 2006 we reported to your Board that the federal appropriations had been approved, but unfortunately had been cut by 70% for FY05/06. With your approval again, on February 14, 2006, the program continued with some subsidization from the Inmate Welfare Funds. Although the program operated most of FY 05/06, it closed down permanently on May 12, 2006, with no apparent funding in the Federal budget for 2007

It is therefore RECOMMENDED that your Board approve the grant application for the amount of \$63,979 for FY 05/06 and authorize the CAO and Sheriff-Coroner to sign the grant application documents.

Very truly yours,
Steve Robbins
STEVE ROBBINS
Sheriff-Coroner

RECOMMENDED:
Susan A. Mauriello
Susan A. Mauriello
County Administrative Officer

SR/sjh

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
LAW ENFORCEMENT AND VICTIM SERVICES DIVISION**

GRANT AWARD FACE SHEET (OES A301)

[FOR OES USE ONLY]	OES ID: _____
	Award No: _____

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

1. Grant Recipient: Santa Cruz County Sheriffs Department
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

2. Implementing Agency: Pajaro Valley Prevention and Student Assistance, Inc.

3. Project Title Santa Cruz County SAFE RSAT Project 4. Grant Period 10/01/05 to 1/31/06

Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. in-Kind Match	F. Total Match	G. Total Project Cost
5.	0	63,979		21,326	0	21,326	85,305
6.							
7.							
8.							
9.							
10. TOTALS	0	63,979	63,979 \$	21,326	0	21,326	10G. 85,305 \$

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: I am vested with authority, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the 2006 Recipient Handbook, and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA, and agrees that the allocation of funds is contingent on the enactment of the State Budget.

12. Official Authorized to Sign for Applicant/Grant Recipient:

Name Steve Robbins Title Santa Cruz County Sheriff

Official's Mailing Address: 701 Ocean Street, Suite 340 City: Santa Cruz Zip: 95060

Payment Mailing Address: Jail Fiscal, 259 Water Street City: Santa Cruz Zip: 95060
(if different)

Telephone: (831) 454-2841 FAX: 831-454-2864 Email: Shf450@co.santa-cruz.ca.us
(area code) (area code)

Signature *Steve Robbins* Title: Santa Cruz County Sheriff

[FOR OES USE ONLY]

OES Program Manager _____ Date _____ OES Director (or designee) _____ Date _____

8/1/06
19

SHORT NAME OF PER. PER FISCAL YEAR

PROJECT CONTACT INFORMATION

Applicant Santa Cruz County Sheriffs Department Grant Number _____
 [FOR OES USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below.
If a section does not apply to your project, enter "N/A." **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

1. The **Project Director** for the project:

Name: Steve Robbins Address: 701 Ocean St, Suite 340
 Title: Santa Cruz County Sheriff-Coroner City: Santa Cruz Zip: 95060
 Telephone #: (831)454-2414 Fax #: (831)454-2353
 (Area Code) (Area code)
 E-Mail Address: _____

2. The **Financial Officer** for the project:

Name: Susan Hibbs Address: 259 Water Street
 Title: Financial Officer City: Santa Cruz Zip: 95060
 Telephone #: (831)454-2841 Fax #: (831)454-2864
 (Area Code) (Area Code)
 E-Mail Address: shf450@co.santa-cruz.ca.us

3. The **person** having **routine programmatic responsibility** for the project:

Name: Andy Lerios Address: 90 Rountree Lane
 Title: Sergeant City: Watsonville Zip: 95076
 Telephone #: (831)763-4433 Fax #: (831)763-4416
 (Area Code) (Area Code)
 E-Mail Address: _____

4. The **person** having **routine fiscal responsibility** for the project:

Name: Silvia M. Diaz Address: 335 East Lake Avenue
 Title: Director of Fiscal/Human Resources City: Watsonville Zip: 95076
 Telephone #: (831)728-6445 Fax #: (831)761-6011
 (Area Code) (Area Code)
 E-Mail Address: silvia.diaz@pvpsa.org

5. The **Executive Director** of a community based organization or the **Chief Executive Officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name: Linda Perez Address: 335 East Lake Avenue
 Title: Executive Director City: Watsonville Zip: 95076
 Telephone #: (831)728-6445 Fax #: (831)761-6011
 (Area Code) (Area Code)
 E-Mail Address: Linda.perez@pvpsa.org

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Steve Robbins, Santa Cruz County Sheriff, hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: Santa Cruz County Sheriffs Department

IMPLEMENTING AGENCY: Paiaero Valley Prevention and Student Assistance

PROJECT TITLE: Santa Cruz County SAFE RSAT Project

is responsible for reviewing the *Recipient Handbook* and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. *Equal Employment Opportunity – (Recipient Handbook Section 2757)*

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: Silvia M. Diaz

Title: Director of Fiscal/Human Resources

Address: 335 East Lake Avenue
Watsonville, CA 95076

Phone: (831) 728-6445

Email: silvia.diaz@pvpsa.org

II. *Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2752)*

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug-free workplace.

III. *California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2753)*

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

IV. Lobbying – (Recipient Handbook Section 2154)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (Recipient Handbook Section 2155)

(This applies to federally funded grants only.)

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation **must** be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: Steve Robbins

Authorized Official's Typed Name: Steve Robbins

Authorized Official's Title: Santa Cruz County Sheriff-Coroner

Date Executed: 6/27/06

Federal ID Number: 94-6000534

Executed in the City/County of: Santa Cruz

AUTHORIZED BY: (Not Applicable to State Agencies)

- City/County Financial Officer or
- City Manager or
- Governing Board Chair

Signature: Susan Maurieilo

Typed Name: Susan Maurieilo

Title: County Administrative Officer

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: Santa Cruz Sheriff's Department

Project Title: Santa Cruz County SAFE RSAT Project

Grant Period: 10/01/2005 to ~~01/31/2006~~ 6/30/07

The following persons are authorized to sign for the:

Project Director: Steve Robbins

The following persons are authorized to sign for the:

Financial Officer: Susan Hibbs

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Signature

Signature

Name

Name

Approved By:

Project Director: _____

Financial Officer: _____

Steve Robbins, Sheriff

Susan Hibbs

Date: _____

Date: _____

19

PROJECT SUMMARY

1. PROJECT YEAR		1. PROJECT TITLE	3. GRANT PERIOD		
New		Santa Cruz County SAFE RSAT Project	October 1, 2005	to January 31, 2006 <i>6/30/07</i>	
Year 2					
Year 3	X				
Other:					
4. APPLICANT			5. FUNDS REQUESTED		
Name:	<u>Santa Cruz Sheriff</u>	Phone:	<u>(831) 454-2841</u>		
Address:	<u>259 Water Street</u>	Fax #:	<u>(831) 454-2864</u>		
City:	<u>Santa Cruz</u>	Zip:	<u>95060</u>		
6. IMPLEMENTING AGENCY					
Name:	<u>Pajaro Valley Prevention</u>	Phone:	<u>(831) 728-6445</u>	Fax #:	
Address:	<u>335 East Lake Avenue</u>	City:	<u>Watsonville</u>	Zip:	
			<u>95076</u>		
7. PROGRAM DESCRIPTION					
<p>The SCC SAFE RSAT Project provides innovative, culturally competent treatment services to 20 inmates annually at the county's Rountree Medium Security Facility. Inmates participate for 3-6 months during incarceration and are offered ongoing, community-based aftercare following release from detention or reassignment to minimum security. Services are provided in a self-contained unit with a rated capacity of 48 inmates that is fully isolated from the main jail population. SAFE is based on a "cognitive community" model that combines proven capacity for re-socialization of in a therapeutic community with long-term behavior change produced by cognitive-behavioral therapy (CBT). SAFE participants work through cognitive-behavioral curricula in a rigorous, supportive environment. SAFE is structured in three phases: a focus on motivation and engagement; CBT curriculum and rehabilitative services; and transition planning.</p>					
8. PROBLEM STATEMENT					
<p>Ninety-five percent of inmates in Santa Cruz County detention facilities have substance abuse histories. In the Medium Security Facility, 60-75% of current charges for inmates are alcohol or drug related, yet 95% of inmates have substance abuse problems. Studies have identified strong community norms in Santa Cruz County favorable to alcohol and drug use. Use of heroin by local teenagers is up to three times higher than the state or national rates. Neither Drug Court nor Proposition 36 offers any services for offenders with serious non-drug charges who have substance abuse issues that drive their criminal behavior.</p>					
9. OBJECTIVES					
<ol style="list-style-type: none"> Maintain RSAT program components in institutional setting. SAFE will provide services based on a modified therapeutic community incorporating structured cognitive-behavioral curricula. Within this supportive, confrontational environment cognitive-behavioral methods and practices are promoted and substance abuse and criminogenic risk factors are addressed for optimum treatment outcomes. Habilitative resources are offered in education and vocational services positive community integration. Implement urinalysis and/or other reliable forms of AOD testing of individuals assigned to RSAT. All SAFE incarcerated participants undergo testing for alcohol and drug use. Testing will be random and observed with immediate testing when there is suspicion of alcohol or drug use. Aftercare participants will undergo substance abuse testing for the course of their probation period. If the participant enters and out- or in-patient treatment program post-graduation, drug testing will be coordinated with this treatment provider. 					

10. ACTIVITIES	11. CATEGORY Residential			
	12. PROGRAM AREA Rountree Medium Security			
13. EVALUATION	14. NUMBER OF CLIENTS (TO BE SERVED) 20			
15. PROJECTED BUDGET				
	Personal Services	Operating Expenses	Equipment	TOTAL
Funds Requested:	0	63,979	0	63,979
Other Grant Funds:	0	0	0	0
Other Sources: (list in-kind, fees, etc.)				
Match	21,326	0	0	21,326
16. NAME OF RESPONSIBLE OFFICIAL				
Signature: <u>Steve Robbins</u>		Date: <u>6-27-06</u>		
Typed Name: <u>Steve Robbins</u>				
Title: <u>Santa Cruz County Sheriff-Coroner</u>				