

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: Wednesday, March 15, 2006

SUBJECT: Criminal Justice Partnership Program Grant

ATTACHMENTS: Yes
1. Grant Application

SUMMARY OF REQUEST:

Attached herewith is a copy of the Criminal Justice Partnership Program (CJPP) grant application for Fiscal Year 2006-07. This year's application is for the same amount as approved for Fiscal Year 2005-06 and there is no County match required for this program.

Staff has been informed that pre-trial release programs may no longer be funded through this grant. Therefore, this application provides continued funding for satellite substance abuse treatment services, as well as for Partnership Manager position expenses and operational expenses, but no funding for the County's pre-trial release program.

RECOMMENDATION / BOARD ACTION REQUESTED:

Staff recommends Board approval and submission of the CJPP grant application.

Criminal Justice Partnership Program

Application for Continuation of Implementation Funding

FY 2007 - from July 1, 2006 to June 30, 2007

Due in the CJPP Coordinator's Office by March 31

County: **Henderson**Grant Number: **45-0706-I-A**

- County Operations
 Contractual Service

Contact Person: **Sherry L. Norman**Phone: **828-698-6196**Fax: **828-698-6106** Email: **snorman@hendersoncountync.org**

Note:

This application is to be used for the continuation of implementation grant funding only.
 New programs must complete a full application in accordance with Section IV.A of the CJPP Policies and Procedures.

1. County Manager/Authorizing OfficialName **Selena D. Coffey**Title **Interim Assistant County
Manager**Address **100 North King Street
Hendersonville, NC 28792**Phone **828-698-6109**Fax **828-698-5037**Email **selenac@hendersoncountync.org**

Signature

2. Fiscal AgentName **James Carey McLelland**Title **Finance Director**Address **113 North Main Street
Hendersonville, NC 28792**Phone **828-697-4821**Fax **828-697-4569**Email **carey@hendersoncountync.org**

Signature

3. CJPP Local Advisory Board ChairName **Charlie Messer**Title **Commissioner**Address **110 North King Street
Hendersonville, NC 28792**Phone **828-697-4808**Fax **828-698-6183**Email **cmesser@hendersoncountync.org**

Signature

4. Total Grant

Award Amount

84,260.00

5. Program Type

Indicate the type(s) of CJP
 program(s) operated.
 (Check all
 that apply)

- Day Reporting Center
 Sat. Substance Abuse
 Treatment
 Resource Center

6. Date Approved

Approved By

CJPP Local Advisory Board
 County Board of Commissioners

7. Sentenced Offender Program

A. Program Information

Provide Name, Address, and Phone/Fax/Email of Program

Henderson County CJPP
 331 First Avenue East
 Hendersonville, NC 28792

828-698-6196
 828-698-6106
 email: snorman@hendersoncountync.org

Program Director Name Sherry L. Norman

B. Program Administration (for Contractual Programs only)

Provide Name, Title, Address, and Phone/Fax/Email of Director, Administrator or Contact Person

8. Program Modifications

A. Check All Proposed Changes in the Following Program Components.

B. For Each Checked, Describe Current Program Component, followed by Proposed Program Component.

Program Goals and Objectives

Current: To serve Sentenced Offenders and PreTrial Release defendants.
 Proposed: To serve Sentenced Offenders.

Program Activities

Current: Case management for Sentenced Offenders and PreTrial Release defendants.
 Proposed: Case management for Sentenced Offenders.

of Offenders Served

Offenders Targeted

Program Administration

Current: Sherry L. Norman, Partnership Manager of Satellite Substance Abuse treatment services for Sentenced Offenders, as well as, PreTrial Release program defendants.
 Proposed: Sherry L. Norman, Partnership Manager of Sentenced Offenders only.

Administrative Fees

Program Staffing

Contracts

MOA's

Job Descriptions for County Employees

Current: Manager provided services for Sentenced Offenders and PreTrial Release clients.
 Proposed: Manager provides services for Sentenced Offenders only.

- Other
- Other

9. Sentenced Offender Program Goals and Objectives Description

(Refer to CJPP Legislation as a guide to the definitions of Goals and Objectives)
 State the GOALS of the program in terms of the long-term effect the program is designed to have, and a list of measurable OBJECTIVES to meet those goals.

Goals

Objectives to meet Goal

Reduce recidivism among program participants who successfully complete the program.	Insure that 75% of offenders in the program will be currently enrolled or will have completed recommended substance abuse treatment.
Reduce the number of probation revocations by increasing the number of offenders with recorded services.	Meet monthly with TASC and DCC staff to assist in coordination of care for offenders using the OMM.
Reduce substance abuse disorders among offenders.	Insure that 50% of offenders participate in a cognitive behavior skills training program.

10. Program Capacity Data

Sentenced Offender

Provide the following information regarding program services:

[A] 1. What was the actual TOTAL number of people served during FY 2004 - 2005?	128
2. What is the estimated TOTAL number of people to be served during FY 2005 - 2006? *	160
3. What is the estimated TOTAL number of people to be served during FY 2006 - 2007? *	160

* Consider treatment slots, length of time in treatment, and total budget when estimating total number of people served.

[B] Check all services that apply

On Site Off Site

[1] <input checked="" type="checkbox"/> Substance Abuse Treatment	<input checked="" type="checkbox"/> Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/> ROPT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/> IOPT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/> After Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/> Drug Screens	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
[2] <input checked="" type="checkbox"/> Educational Services		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
[3] <input checked="" type="checkbox"/> Job Development Services		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
[4] <input checked="" type="checkbox"/> Cognitive Behavioral Intervention		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- | | | |
|---|-------------------------------------|-------------------------------------|
| [5] <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> |
| [6] <input checked="" type="checkbox"/> Life Skills | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| [7] <input type="checkbox"/> Sex Offender | <input type="checkbox"/> | <input type="checkbox"/> |
| [8] <input checked="" type="checkbox"/> Others | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Anger Management**

11. Service Provider Information

[A] List the NON-CONTRACTED (i.e., services at NO COST to CJPP) Service Providers to the program. Attachment 2

Attach a Copy of Memorandums of Agreement (MOA's) in attachment section for FY 2006 - 2007. MOA's should be maintained in Program files on site.

Division of Community Corrections (DCC)
Treatment Accountability for Safer Communities (TASC)

[B] List the CONTRACTED (i.e., services at COST to CJPP) Service Providers to the program. Attachment 3

Attach a Copy of Proposed or Signed Contracts in attachment section for FY 2006 - 2007. Contracts should be maintained in Program files on site.

Mountain Laurel Community Services
Appalachian Counseling, LLC
Crossroads/Phoenix
Vo Payne, MSW, LCSW, LMST

Please Note: Attachments are required for contracts and MOA's for FY 2006 - 2007.

12. Project Income

Does the program anticipate receiving any Project Income?

- No
- Yes (Attach a completed "Project Income Report" form) Attachment 8

Submit one (1) Original and two (2) copies of Application and Attachments, including budgets.

Attachment Check List

Attach the following in this order:

Attachment	Attached? Reason, if Not Attached
1. Job Descriptions for all modified CJP Program Positions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Copies of All MOA's for FY 2006 - 2007 for Service Providers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Copies of All Proposed or Signed and Executed Contracts for FY 2006 - 2007 for Service Providers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

4. Copy of facility license and proof of appropriate certification or registration with certifying board. Yes No

No treatment on site.

5. Monthly or Weekly Calendar detailing Services Provided Yes No

6. Local CJPP Advisory Board Members and Terms Yes No

7. Budget Line Item Justification Form Yes No

8. Budget Summary Form Yes No

9. Project Income Report (if applicable) Yes No

N/A

10. Information regarding all funding sources beyond CJPP funds (Grants, County Funds, etc.) Yes No

Henderson County provides additional funds for Maintenance and Repair of Equipment, Travel and Staff Development, Insurance and General Bonding and Personnel.

NOTE: Please number your attachments and submit in the order indicated above.

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Criminal Justice Partnership Program ATTACHMENT 7

FY 2007 - from July 1, 2006 to June 30, 2007

Budget Line Item Justifications

County: **Henderson**

Grant Number: **45-0706-I-A**

- County Operations
 Contractual Service

Contact Person: **Sherry L. Norman**

Phone: **828-698-6196**

FY Grant

Fax: **828-698-6106** Email: **snorman@hendersoncountync.org**

Award Amount **84,260**

Personnel

	Line Items	Justifications	Totals
Salaries			
List each position separately.	Position	Partnership Manager	
	1.	Salaries & Wages-Regular (Current salary + cost of living increase + bonus)	Hours/Year 1,950 Salary 40,030
		Total Full Time Equivalences (FTE's)	0.94
Wage Taxes			
Indicate FICA amount.	FICA	7.65% of salary	3,062
List other wage tax.			
Fringe Benefits			
List separately.	A.	Retirement-LGERS 5% of salary - county match	2,002
Include insurance, retirement, 401 (k), workers' compensations, unemployment, etc.	B.	Medical Insurance	5,130
	C.	Dental Insurance	350
	D.	457B/401K (2% of salary-county match)	801
Total Personnel			51,375

Travel

	Line Items	Justifications	Totals
List each travel or training event and its estimated cost separately.		Staff Position and Description of travel event	
Staff mileage should be listed as well, indicated as 'Staff Mileage'.			

NOTES:

- All out-of-state travel must be shown in detail and approved prior to reimbursement.
- Travel expenses submitted should not exceed County or State allowable amounts.
- State mileage rate is \$0.345 per mile

A. Staff Mileage

Total Travel 310

Contractual

List each contractor separately.

Line Items	Justifications	Totals
A.	Appalachian Counseling, LLC	13,000
B.	Mountain Laurel Community Services	13,000
C.	Crossroads/Phoenix	3,000
D.	Vo Payne, MSW, LCSW, LMFT	1,000
Total Contractual		30,000

Operating

Operating expenses include costs of running the program.

List each item separately and provide details for all operational items, including unit costs, where applicable.

DO NOT LIST EQUIPMENT.

Line Items	Justifications	Totals
Telephone	Includes land lines and cellular service.	1,200
Office Supplies	Includes printing materials, Advisory Board meeting supplies, Treatment Committee meeting supplies and general office supplies.	700
Other	Maintenance and repair - Equipment	675
Total Operating		2,575

Equipment

Equipment includes all items over \$500, used for operating the program.

List each item separately and provide details for all equipment, including number of each to be purchased.

Line Items	Justifications	Totals
Total Equipment		0

Construction

For facility construction or renovation.

Include paint, carpet, roofing, electrical, etc.

Line Items	Justifications	Totals
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Total Construction 0

Budget Line Item Total 84,260

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ATTACHMENT 8

Criminal Justice Partnership Program

FY 2007 - from July 1, 2006 to June 30, 2007

Budget Summary

Due in the CJPP Office by March 31

County: **Henderson**

Grant Number: **45-0706-I-A**

- County Operations
 Contractual Service

Contact Person: **Sherry L. Norman**

Phone: **828-698-6196**

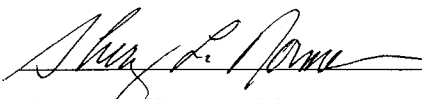
Fax: **828-698-6106** Email: **snorman@hendersoncountync.org**

FY Grant

Award Amount **84,260.00**

Budgeted Amounts			Expenditure Amounts		
Budget Category and Code	[A] Budgeted July 1 (From Column [A] from July Report)	[B] Budgeted December 31 (Column [A] from July Report + Column [H] from July through December reports)	[C] Actual Expenditures Through December 31	[D] Estimated Total Expenditures (July 1 Through June 30)	[E] Requested for Next FY
Personnel 536502 1	50,026.00	50,026.00	28,394.95	50,026.00	51,775.00
Travel 536502 2	500.00	500.00	89.24	500.00	310.00
Contractual 536502 3	32,000.00	32,000.00	24,460.00	32,000.00	30,000.00
Operating 536502 4	1,734.00	1,734.00	733.54	1,734.00	2,175.00
Equipment 536502 5	0.00	0.00	0.00	0.00	0.00
Construction 536502 6	0.00	0.00	0.00	0.00	0.00
Unallocated 536502 7	0.00	0.00	0.00	0.00	0.00
Totals	84,260.00 <small>(To Match Total Grant Award Amount)</small>	84,260.00 <small>(To Match Column [A] Total)</small>	53,678.00 <small>(Should match [Q] from December Report)</small>	84,260.00	84,260.00

I certify that this information is correct, based on the grantee county's accounting system and records, consistently applied and maintained. Expenditures shown have been made for the purpose of and in accordance with the approved budget and applicable grant conditions and requirements. Appropriate documentation to support all expenditures is available for inspection.



3/3/04

Signature of Program Director

Date

Signature of County Manager,
Official Designee, or Fiscal Officer

Date

NOTE: Not needed if services are fully contracted with service provider.

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