

REQUEST FOR BOARD ACTION

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: Wednesday, March 15, 2006

SUBJECT: Criminal Justice Partnership Program Grant

ATTACHMENTS: Yes

1. Pertinent Excerpts from the Grant Application

SUMMARY OF REQUEST:

Attached herewith is a copy of the Criminal Justice Partnership Program (CJPP) grant application for FY 2007-08. This year's application is for the same amount as approved for FY 2006-07. Although there is no County match required for this program, the County began contributing \$18,000 in funding to continue the Pre-Trial Release Program in the FY 2006-07 Budget. Staff will address this County match in the upcoming budget deliberations.

BOARD ACTION REQUESTED:

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

SUGGESTED MOTION:

I move that the Board of Commissioners approve the CJPP application as presented and direct the County Manager to evaluate the benefits of including County funding in the upcoming FY 2007-08 budget for the Pre-Trial Release Program.

Criminal Justice Partnership Program

Application for Continuation of Implementation Funding

FY 2008 - from July 1, 2007 to June 30, 2008

Due in the CJPP Coordinator's Office by March 31, 2007

County: **Henderson**

Grant Number: **45-0707-I-** County Operations
A 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 Official

Name Steve Wyatt
Title County Manager
Address 100 North King St.
 Hendersonville, NC 28792
Phone 828-697-4809
Fax 828-698-5037
Email swyatt@hendersoncountync.org

Signature

2. Fiscal Agent

Name James Carey McLelland
Title Finance Director
Address 113 North Main St.
 Hendersonville, NC 28792
Phone 828-697-4821
Fax 828-697-4569
Email carey@hendersoncountync.org

Signature

3. CJPP Local Advisory Board Chair

Name Charlie Messer
Title Commissioner
Address 100 North King St.
 Hendersonville, NC 28792
Phone 828-697-4808
Fax 828-698-6183
Email cmesser@hendersoncountync.org

Signature

4. Total Grant Award Amount

89,300.00

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
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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
- Program Activities
- # of Offenders Served
- Offenders Targeted
- Program Administration
- Administrative Fees
- Program Staffing
- Contracts
- MOA's
- Job Descriptions for County Employees
- 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, DCC staff and treatment provider to assist in coordination of care for offenders using the OMM.
Reduce substance abuse disorders among offenders.	Insure the 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 2005 - 2006? | 110 |
| 2. What is the estimated TOTAL number of people to be served during FY 2006 - 2007? * | 100 |
| 3. What is the estimated TOTAL number of people to be served during FY 2007 - 2008? * | 120 |

* 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 type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> After Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input 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	Anger Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 2007 - 2008. 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 2007 - 2008. Contracts should be maintained in Program files on site.

Family Preservation Services
Appalachian Counseling, LLC
Crossroads/Phoenix

Please Note: Attachments are required for contracts and MOA's for FY 2007 - 2008.

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
2. Copies of All MOA's for FY 2007 - 2008 for Service Providers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Copies of All Proposed or Signed and Executed Contracts for FY 2007 - 2008 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
5. Monthly or Weekly Calendar detailing Services Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Local CJPP Advisory Board Members and Terms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Budget Line Item Justification Form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Budget Summary Form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Equipmemnt, 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 Pro

FY 2008

Budget Summary

Due in the CJPP Office by March 31, 2008

County: **Henderson**

Grant Number: **45-0707-I-A**

County Operations

Contractual Service

Contact Person: **Sherry L. Norman**

Phone: **828 698-6196**

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

FY 2006 - 2007 Grant Award **89,300.00**

FY 2007 - 2008 Grant Award **89,300.00**

Budgeted Amounts (FY 2006 - 2007)			Expenditure Amounts (FY 2006 - 2007)		
Budget Category and Code	[A] Budgeted July 1, 2006 (From Column [A] from July Report)	[B] Budgeted Dec 31, 2006 (Column [A] from July Report + Column [H] from July through December reports)	[C] Actual Expenditures Through Dec 31, 2006	[D] Estimated Total Expenditures (July 1, 2006 Through June 30, 2007)	[E] Budgeted for FY 2007 - 2008
Personnel 536502 1	39,859.00	39,859.00	22,530.00	39,859.00	39,859.00
Travel 536502 2	0.00	0.00	0.00	0.00	0.00
Contractual 536502 3	45,061.00	45,061.00	22,530.00	45,061.00	45,061.00
Operating 536502 4	4,380.00	4,380.00	2,190.00	4,380.00	4,380.00
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	89,300.00 <small>(To Match FY 2006 - 2007 Grant Award)</small>	89,300.00 <small>(To Match Column [A] Total)</small>	47,250.00 <small>(Should match [Q] from December Report)</small>	89,300.00	89,300.00 <small>(To Match FY 2007 - 2008 Grant Award)</small>

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.

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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