

**DAWSON COUNTY BOARD OF COMMISSIONERS
WORK SESSION AGENDA - THURSDAY, MARCH 26, 2015
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
4:00 PM**

M. NEW BUSINESS

1. Presentation of the FY2016 Dawson County HELP Court Grant Application - Treatment Services Director Debbie Mott
2. Presentation of the FY2016 Dawson County Treatment Court Grant Application - Treatment Services Director Debbie Mott
3. Presentation of the 2015 Boot Drives - Deputy Chief Tim Satterfield
4. Presentation of the 2015 GEMA Homeland Security Grant - Deputy Chief Tim Satterfield
5. County Manager Report
6. County Attorney Report

Backup material for agenda item:

1. Presentation of the FY2016 Dawson County HELP Court Grant Application - Treatment Services Director Debbie Mott



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Treatment Services

Presenter: Debbie Mott

Submitted By: Debbie Mott

Date Submitted: March 16, 2015

Item of Business/Agenda Title: FY2016 Dawson County HELP Court Grant Application

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only
(no action needed)

OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: Yes. The grant application deadline is March 27, 2015.

Purpose of Request: Approval of Treatment Services' application to the Criminal Justice Coordinating Council for FY2016 Accountability Court Funding Program grant and authorization for Chairman Berg to execute any related grant application and award documents.

Department Recommendation: Approval

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: This is a standard State grant application.

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: A 10% match is required. Of the \$14,101 needed, \$10,390 of that is budgeted in HELP Court transfers from General Fund. We request the additional \$3,711 come from contingency funds.

No

Amount Requested: \$14,101

Amount Budgeted: \$10,390

Fund Name and Account Number: 250-00-2950-XXXXXX-016

Administration Staff Authorization

Dept. Head Authorization: _____ Date: _____

Finance Dept. Authorization: DENA BOSTEN Date: 03/18/2015

County Manager Authorization: CINDY CAMPBELL Work Session Date: 03/26/2015

Comments: _____

Attachments: Grant application



DAWSON COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: FY2016 Dawson County HELP Court Grant Application

DATE: March 16, 2015

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

BUDGET INFORMATION:

ANNUAL-
CAPITAL-

COMMISSION ACTION REQUESTED ON: 3/27/2015 deadline. Requesting Ratification on 4/2/2015.

PURPOSE: Obtain grant funding to enhance services of the Dawson County HELP Program. The Funding Committee hasn't set an award amount available for distribution as it will be set by the Legislature in the 2015 session. Total grant budget is \$141,014. We are requesting \$126,913 in grant funds. The required 10% match totals \$14,101.

HISTORY: The Georgia Accountability Court Funding Committee was created in 2012 by the Georgia Legislature and by Governor Nathan Deal to provide courts with the critical funding necessary to support the growth of accountability courts in Georgia to reduce the prison population.

For the HELP Program, Treatment Services applied for accountability court funding that was once managed by the Judicial Council's Standing Committee on Drug Courts. Mental Health Courts were eligible to apply for this funding beginning in 2011. Previously, there was no match associated with these grants, and the documents once required the presiding judge's signature as authorized official. Under the CJCC, this award must be accepted and authorized by the Chairperson of the Board of Commissioners. This is the second year the Funding Committee is requiring a 10% match of funds.

FACTS AND ISSUES: The Accountability Court Funding Committee awarded the Dawson County HELP Program a total of \$93,497 for FY2015. If we are awarded the \$126,913 we are asking for in FY2016, we plan to use these funds for existing program operations such as continuing the coordinator's salary and benefits, community policing, drug screeners, drug testing kits and services, covering the treatment provider's non-billable service hours, treatment curriculum and workbooks, and the team's attendance of the annual State conference.

There is a 10% match required. Of the \$14,101 needed, \$10,390 is already budgeted in transfers from General Fund. This amount was determined based on the FY2015 grant award amount. For the remaining \$3,711, should we actually receive the full amount for which we are applying, we request the match come from grant contingency funds. The grant funding period is July 1, 2015 through June 30, 2016.

OPTIONS:

1. Accept the recommended proposal.
2. Modify the recommendation.
3. Commission directed alternative.

RECOMMENDED SAMPLE MOTION: Motion for approval of the FY2016 HELP Program Grant Application and approval for Chairman Berg to sign contract upon award.

DEPARTMENT:

Prepared by: Debbie Mott, Treatment Services Director

Director _____

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

COVER SHEET

1. Name of Accountability Court _____

2. Name of Judicial Circuit _____

3. Name of person filling out this application: _____

Your email address: _____

Your daytime phone number: _____

4. Type of Accountability Court. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court |
| <input type="checkbox"/> Veteran's Court (please also select either drug court or mental health court) | <input type="checkbox"/> Family Dependency Treatment Court |
| | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

5. Is this a new court or an existing court ?

FY'15 Total Budget Request

(this will autofill once you complete your budget on pages 15-21)

Request Area	Amount Requested	Matching Funds
Personnel	\$ 0	\$ 0
Contract Personnel	\$ 0	\$ 0
Drug Tests/Testing Supplies	\$ 0	\$ 0
Equipment	\$ 0	\$ 0
Supplies	\$ 0	\$ 0
Training and Travel	\$ 0	\$ 0
Other	\$ 0	\$ 0
Total Budget Request:	\$ 0	\$ 0

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

General Operating Questions

1. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____. How often do they meet? _____

2. Does your court have an independent 501(c)3? _____ If not, why not?

3. Does your court have a formal policy on staff training requirements and continuing education? _____ If yes, briefly describe the policy.

4. What training has your court attended in the past year?

5. Do you have a structured, written orientation program for new members of the team? _____

6. What is your target population? How has it changed since the inception of your program?

7. Describe your eligibility criteria.

8. How many staffings do you conduct per month? _____ What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?

9. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? _____

10. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?

- Are they P.O.S.T. certified? _____

11. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? _____

If no, why not? _____

12. How much does your program pay annual for treatment? _____

Does your court pay the full amount for treatment for your participants? _____

Please describe your participant fee schedule.

13. How much did you collect in participant fees in CY 2014? _____

14. What is the average length of your program? _____

15. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases)	Average number and hours of treatment sessions per week (or month in the later phases)	Number of court appearances per month	Number of active participants in this phase (as of 1/1/15)

Clinical Questions

16. What type of substance abuse assessments are conducted, when are they conducted, who conducts the assessments and what is the name of the assessment tool(s)?

17. What is your clinical eligibility criteria?

18. How do you determine what level of treatment is needed?

19. What type of evidence based treatment does your court use?

20. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of redivism)? _____ What is used? _____

21. How does the court ensure that the chosen tools/models are used consistently and faithfully?

22. How does the program coordinator monitor treatment? _____

23. Does your program have an individualized treatment plan for each participant? _____ How often is it reviewed? _____

24. Do you use your local CSB for treatment services? _____

If no, explain how your treatment provider is employed (program staff, contract, etc.)

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____

i Does the CSB get funding for treatment of your participants from other sources? _____

If yes, please list the other sources: _____

- ii Do you pay the CSB for: the full amount of treatment,
 additional, non billable services such as case management only
 nothing for the services for your participants

Drug Testing

25. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?

26. For what drugs do you routinely screen? _____

What drug testing company do you use (Siemens, Redwood, etc.)? _____

27. Are all of your urine screens observed? _____ Who observes the urine sample _____

Are they the same sex as the participant? _____

28. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? _____ If you mail the screens to a lab, how often are they sent? _____

29. Describe the policy for participants to dispute the results of the drug screen.

30. Are creatinine violations considered positives _____ If not, why not?

_____ Are unexcused or missed screens considered positive? _____

Performance Measures - (Implementation courts should skip to the Court Specific Question section.)

For Adult Drug Court, Adult Mental Health Court, DUI and Family Drug Court ONLY. Using LSI-R data from 1/1/14 through 12/31/14, list the number and percentage of moderate _____/_____% and high risk participants _____/_____% . *DUI Courts only: Please indicate the dates your information above covers: _____

31. List the number of drug screens administered the past year (1/1/14 – 12/31/14). _____
32. Fill out the chart below for all of the positive screens within the past year.

Cutoff Level for:	Amphetamine	
	Cocaine	
	Creatinine	
Number of No Shows		
Number refusing to admit use		
Number not producing a sample in a reasonable period of time		
Number of diluted samples		
Number of tests refused		
Other		
Total Number of Positive Drug Screens*		0

*A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.

33. Please answer the following using answers from the beginning of your program:

Program Outcome	
A. Percentage of employable (not on disability) participants employed at start of program (to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)	
B. Percentage of employable (not on disability) participants employed at graduation (to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)	
C. Percentage of participants who successfully exit the program	
D. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other)	
E. Number of drug free babies born to participants	

34. **Units of service.**

_____ Total number of court sessions in the past year.

_____ Total number of days of inpatient treatment in the past year.

_____ Number of hours of treatment scheduled within the past month.

_____ Number of scheduled treatment hours a 11 ed within the past month.

35. Number of people screened for the program in the past year (1/1/14 – 12/31/14)? _____
 Number of participants accepted in the past year (1/1/14 – 12/31/14)? _____

36. Please list:
 Total number of graduates as of 12/31/14 _____
 Number of graduates/certificates of participation awarded from 1/1/14 – 12/31/14? _____
 Total number of participants admitted since program start up? _____
 Average age of your participants (at entry into the program) _____
 Average age participants began abusing drugs? _____

37. Please provide the following information:

For CY'14 (January 1, 2014 through December 31, 2014)	
A. Daily cost of incarceration in county jails or YDC for counties served by your court. List <u>each</u> county that your court serves separately.	
B. Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	
C. Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	
D. Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program.	
E. Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program.	
F. Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program.	
G. Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.	
H. Number of participants who were terminated.	
I. Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.)	

_____ peer support
_____ case management

_____ MRT
_____ other evidence based treatment

47. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____
Please list any other additional services your program offers:

48. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

49. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

50. Performance measures - (January 1, 2014 - December 31, 2014):

_____ Percent of scheduled judicial status hearings attended by the participant

_____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

51. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard.

DUI Courts:

52. How do you determine the right type and length of treatment for each participant?

53. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____

54. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support.

55. How do you caution the participants against driving without a license?

Family Drug Courts:

56.

Please respond for CY'14 (Jan 1, 2014 – Dec 31, 2014)	
A. Number of graduates with new DFCS reports	
B. Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program	
C. Number of drug-free babies born while participant was active in program or to a graduate of the program.	
D. Number of days that participants' children have been kept out of foster care.	

57. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.).

58. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

59. Describe DFCS involvement in your court.

Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts? _____

60. Is there a structured systematic assessment provided for the children in your program? _____

61. Was your program capacity determined by formula or by service limitations? _____

62. What challenges has your program experienced in the past year and how has your team overcome them?

63. Does treatment communicate with court via email? _____

64. In order to graduate, are clients required to have a job or be in school? _____

65. In order to graduate, are clients required to have a sober housing environment? _____

66. Did the presiding Judge of the program volunteer? _____ Is the Judge's term over the program indefinite? _____

67. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? _____ If so, what were those modifications?

Juvenile Courts:

68. Are all participants required to be enrolled in school or a GED program? _____

69. What is the annual cost savings brought about by your participants not being in YDC? _____

70. What percentage of your participants' parents are mandated to attend court sessions? _____

71. What percentage of your participants' parents are mandated to participate in treatment? _____

72. Does your program offer: (check all that apply)

- gender specific counseling
- domestic relations or family counseling

- mental health treatment
- parenting classes
- anger management classes

73. Does your court receive assistance from the following? If not, please explain

- Local Churches or Faith Based Org
- Civic Groups (Elks Club, Kiwanis, Rotary, etc)

- Junior League
- Local college or school groups
- Any others? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

74. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		
DATE Fund		
Participant Fees		
Federal Grants		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Revenue From Lab		
501 c(3)		
Other Sources (please name):		
TOTAL PROGRAM BUDGET	\$ 0	

75. Please describe your courts sustainability plan.

SECTION V: NARRATIVE

Please fully describe your request. Explain why your request can not be funded using other funding sources. Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

SECTION VI: BUDGETS

Budget Detail

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds. It is not necessary to include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program. If you need additional space, please attach an additional page.

Budget Priority Form

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please be sure to use the wording you used in the budget detail section. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

Restrictions on Use of Funds

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software (including maintenance and upgrades), office supplies, construction projects, vehicles, weapons or grant administrative overhead.

BUDGET DETAIL WORKSHEET

A. Accountability Court Personnel/Salaries and Benefits. List each position by title and name of employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency. Contract Personnel should be listed under "B. Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

C. Drug Tests/Testing Supplies. List items by type. Show budget calculation(s).

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

D. Equipment. List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "E. Supplies".

Item	Purpose	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

E. Supplies. List items by type (e.g. brochures, treatment handbooks, manuals, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are NOT allowable through this grant. Drug testing supplies should be put under "C. Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0 _____
 TOTAL MATCHING FUNDS \$ 0 _____

Justification:

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so we can match up your request.

Example:

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	B	Treatment Provider	\$50,000
3.	C	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1			
2			
3			

SECTION VII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- *Certification for Accountability Court Funding – signed and dated by the accountability court judge
- *Contract between the Accountability Court and Treatment Provider (if you have one)
- *Organizational chart. Sample organizational charts can be found on www.gaaccountabilitycourts.org. You can modify the example, or submit your own. If you submit your own org chart, it must include the person’s name, title, percentage of time they devote to the accountability court, and how the position is funded.

Certification for Accountability Court Funding

I certify that the _____ (court name) provides the following. (check if accurately describes).

- 1. The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.
- 3. Eligible participants are identified early and promptly placed into the accountability program.
- 4. The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5. Abstinence is monitored by frequent alcohol and other drug testing.
- 6. A coordinated strategy governs accountability court responses to participants' compliance.
- 7. The accountability court has ongoing judicial interaction with each participant.
- 8. The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9. Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10. The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

****Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.****

By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: www.gaaccountabilitycourts.org.

Submitted by: _____
Judge

Court Date

Backup material for agenda item:

2. Presentation of the FY2016 Dawson County Treatment Court Grant Application -
Treatment Services Director Debbie Mott



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

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Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Treatment Services

Presenter: Debbie Mott

Submitted By: Debbie Mott

Date Submitted: March 16, 2015

Item of Business/Agenda Title: FY2016 Dawson County Treatment Court Grant Application

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only
(no action needed)

OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: Yes. The grant application deadline is March 27, 2015.

Purpose of Request: Approval of Treatment Services' application to the Criminal Justice Coordinating Council for FY2016 Accountability Court Funding Program grant and authorization for Chairman Berg to execute any related grant application and award documents.

Department Recommendation: Approval

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: This is a standard State grant application.

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: A 10% match is required. An in-kind match of \$11,907 will be made through the salary of existing personnel.

No

Amount Requested: \$11,907 (in-kind)

Amount Budgeted: \$11,907

Fund Name and Account Number: 250-00-2900-XXXXXX-000

Administration Staff Authorization

Dept. Head Authorization: _____ Date: _____

Finance Dept. Authorization: DENA BOSTEN Date: 03/18/2015

County Manager Authorization: CINDY CAMPBELL Work Session Date: 03/26/2015

Comments: _____

Attachments: Grant Application



DAWSON COUNTY BOARD OF COMMISSIONERS
EXECUTIVE SUMMARY

SUBJECT: FY2016 Dawson County Treatment Court Grant Application

DATE: March 16, 2015

RECOMMENDATION

POLICY DISCUSSION

BUDGET INFORMATION:

STATUS REPORT

ANNUAL-

OTHER

CAPITAL-

COMMISSION ACTION REQUESTED ON: 3/27/2015 deadline. Requesting Ratification on 4/2/2015.

PURPOSE: Obtain grant funding to enhance services of the Dawson County Treatment Court program. The Funding Committee hasn't set an award amount available for distribution as it will be set by the Legislature in the 2015 session. Total grant budget is \$119,072. We are requesting \$107,165 in grant funds. The 10% match requirement totals \$11,907 and will be fulfilled with current staff salaries.

HISTORY: The Georgia Accountability Court Funding Committee was created in 2012 by the Georgia Legislature and by Governor Nathan Deal to provide courts with the critical funding necessary to support the growth of accountability courts in Georgia to reduce the prison population.

For Drug Court, Treatment Services applied for accountability court funding that was once managed by the Judicial Council's Standing Committee on Drug Courts. We've received State money for at least eight years. Previously, there was no match associated with these grants, and the documents once required the presiding judge's signature as authorized official. Under the CJCC, this award must be accepted and authorized by the Chairperson of the Board of Commissioners. This is the second year the Funding Committee is requiring a 10% match of funds.

FACTS AND ISSUES: The Accountability Court Funding Committee awarded the Dawson County Treatment Court a total of \$61,721 for FY2015. If we are awarded the \$107,165 we are asking for in FY2016, we plan to use these funds for existing program operations such as community policing, drug screeners, drug testing kits and services, part-time group facilitators, treatment curriculum and workbooks, and the team's attendance of the annual State conference.

There is a 10% match required, and we will satisfy the \$11,907 match with the salary of the Treatment Court Case Manager. The grant funding period is July 1, 2015 through June 30, 2016.

OPTIONS:

1. Accept the recommended proposal.
2. Modify the recommendation.
3. Commission directed alternative.

RECOMMENDED SAMPLE MOTION: Motion for approval of the FY2016 Treatment Court Grant Application and approval for Chairman Berg to sign contract upon award.

DEPARTMENT:

Prepared by: Debbie Mott, Treatment Services Director

Director _____

**STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION**

COVER SHEET

1. Name of Accountability Court _____

2. Name of Judicial Circuit _____

3. Name of person filling out this application: _____

Your email address: _____

Your daytime phone number: _____

4. Type of Accountability Court. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Adult Felony Drug Court | <input type="checkbox"/> DUI Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Misdemeanor Court |
| <input type="checkbox"/> Veteran's Court (please also select either drug court or mental health court) | <input type="checkbox"/> Family Dependency Treatment Court |
| | <input type="checkbox"/> Juvenile Drug Court |
| | <input type="checkbox"/> Juvenile Mental Health Court |

5. Is this a new court or an existing court ?

FY'15 Total Budget Request

(this will autofill once you complete your budget on pages 15-21)

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Total Budget Request:	\$ 0	\$ 0

STATE OF GEORGIA
ACCOUNTABILITY COURT FUNDING PROGRAM
FY'16 SOLICITATION

General Operating Questions

1. Do you have a local steering committee/advisory group (this group would include community members other than your team members)? _____. How often do they meet? _____

2. Does your court have an independent 501(c)3? _____ If not, why not?

3. Does your court have a formal policy on staff training requirements and continuing education? _____ If yes, briefly describe the policy.

4. What training has your court attended in the past year?

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6. What is your target population? How has it changed since the inception of your program?

7. Describe your eligibility criteria.

8. How many staffings do you conduct per month? _____ What days/times are your status hearings/court sessions (ex. Every Monday. Status hearing at 8 am, court at 9 am)?

9. How many days does a participant need to be clean (no positive drug screens) before he/she is eligible for graduation? _____

10. Please describe your courts field supervision/surveillance (who does your court's surveillance, how often is each participant visited, how long is the average visit, etc.)?

- Are they P.O.S.T. certified? _____

11. Is there a binding Contract, Letter Agreement or MOU between your court and treatment provider that stipulates an agreed upon level of treatment services provided to your court for a specified fee? _____

If no, why not? _____

12. How much does your program pay annual for treatment? _____

Does your court pay the full amount for treatment for your participants? _____

Please describe your participant fee schedule.

13. How much did you collect in participant fees in CY 2014? _____

14. What is the average length of your program? _____

15. Complete the following:

Phases/length	Average # of drug screens per week (or month in the later phases)	Average number and hours of treatment sessions per week (or month in the later phases)	Number of court appearances per month	Number of active participants in this phase (as of 1/1/15)

Clinical Questions

16. What type of substance abuse assessments are conducted, when are they conducted, who conducts the assessments and what is the name of the assessment tool(s)?

17. What is your clinical eligibility criteria?

18. How do you determine what level of treatment is needed?

19. What type of evidence based treatment does your court use?

20. Do you incorporate treatment that addresses criminogenic risk factors (those that are related to risk of redivism)? _____ What is used? _____

21. How does the court ensure that the chosen tools/models are used consistently and faithfully?

22. How does the program coordinator monitor treatment? _____

23. Does your program have an individualized treatment plan for each participant? _____ How often is it reviewed? _____

24. Do you use your local CSB for treatment services? _____

If no, explain how your treatment provider is employed (program staff, contract, etc.)

If yes, 1) Does the CSB get funding for accountability court treatment directly from DBHDD? _____

i Does the CSB get funding for treatment of your participants from other sources? _____

If yes, please list the other sources: _____

ii Do you pay the CSB for: the full amount of treatment,
 additional, non billable services such as case management only
 nothing for the services for your participants

Drug Testing

25. What percentage of your testing is random? _____ How do you ensure that the drug testing is random?

26. For what drugs do you routinely screen? _____

What drug testing company do you use (Siemens, Redwood, etc.)? _____

27. Are all of your urine screens observed? _____ Who observes the urine sample _____

Are they the same sex as the participant? _____

28. If you have a local drug lab or use testing sticks, how often are the drug screens analyzed or read (daily, weekly, etc.)? _____ If you mail the screens to a lab, how often are they sent? _____

29. Describe the policy for participants to dispute the results of the drug screen.

30. Are creatinine violations considered positives _____ If not, why not?

_____ Are unexcused or missed screens considered positive? _____

Performance Measures - (Implementation courts should skip to the Court Specific Question section.)

For Adult Drug Court, Adult Mental Health Court, DUI and Family Drug Court ONLY. Using LSI-R data from 1/1/14 through 12/31/14, list the number and percentage of moderate _____/_____% and high risk participants _____/_____% . *DUI Courts only: Please indicate the dates your information above covers: _____

31. List the number of drug screens administered the past year (1/1/14 – 12/31/14). _____
32. Fill out the chart below for all of the positive screens within the past year.

Cutoff Level for:	Amphetamine	
	Cocaine	
	Creatinine	
Number of No Shows		
Number refusing to admit use		
Number not producing a sample in a reasonable period of time		
Number of diluted samples		
Number of tests refused		
Other		
Total Number of Positive Drug Screens*		0

*A positive drug screen for one or more substances when derived from one sample should be considered as one positive test.

33. Please answer the following using answers from the beginning of your program:

Program Outcome	
A. Percentage of employable (not on disability) participants employed at start of program (to calculate, add up all the employable participants who are working upon admittance to the program and divide by the total number of employable participants admitted to your program)	
B. Percentage of employable (not on disability) participants employed at graduation (to calculate, add up all the employable participants employed at graduation and divide by the total number of employable participants who graduated from your program)	
C. Percentage of participants who successfully exit the program	
D. Percentage of participants who do not successful complete the program (terminations, voluntary withdrawal, death/other)	
E. Number of drug free babies born to participants	

34. **Units of service.**

_____ Total number of court sessions in the past year.

_____ Total number of days of inpatient treatment in the past year.

_____ Number of hours of treatment scheduled within the past month.

_____ Number of scheduled treatment hours a 39 ed within the past month.

35. Number of people screened for the program in the past year (1/1/14 – 12/31/14)? _____
 Number of participants accepted in the past year (1/1/14 – 12/31/14)? _____

36. Please list:
 Total number of graduates as of 12/31/14 _____
 Number of graduates/certificates of participation awarded from 1/1/14 – 12/31/14? _____
 Total number of participants admitted since program start up? _____
 Average age of your participants (at entry into the program) _____
 Average age participants began abusing drugs? _____

37. Please provide the following information:

For CY'14 (January 1, 2014 through December 31, 2014)	
A. Daily cost of incarceration in county jails or YDC for counties served by your court. List <u>each</u> county that your court serves separately.	
B. Number of active participants who would be incarcerated in a county jail or YDC if they did not participate in the accountability court.	
C. Number of active participants who would be incarcerated in a state corrections facility if they did not participate in the accountability court.	
D. Number of active participants with new charges (excluding traffic citations other than DUI) since entering the program.	
E. Number of active participants with new convictions/adjudications (excluding traffic citations other than DUI) since entering the program.	
F. Number of graduates with new charges (excluding traffic citations other than DUI) within the past three years since graduating the program.	
G. Number of graduates with new convictions/adjudications (excluding traffic citations other than DUI) within the past three years since graduating the program.	
H. Number of participants who were terminated.	
I. Number of participants who were removed for other reasons (e.g. death, medical, mental illness, etc.)	

_____ peer support
_____ case management

_____ MRT
_____ other evidence based treatment

47. Do you offer gender specific treatment? _____ Do you offer interpretative services? _____
Please list any other additional services your program offers:

48. What procedure does your court follow to adhere to the federal and state laws that protect the confidentiality of medical, MH, and substance abuse treatment records?

49. How do you comply with Standard 8.5 concerning periodic review and revision of Court processes? (The standards are listed at <http://www.gaaccountabilitycourts.org>).

50. Performance measures - (January 1, 2014 - December 31, 2014):

_____ Percent of scheduled judicial status hearings attended by the participant

_____ Percent of participants who were homeless at exit of program (to calculate this percentage, divide the number of homeless graduates by the total number of graduates for the year)

51. If you do not have current data, please explain how you plan to collect this data in the future so that you are compliant with this standard.

DUI Courts:

52. How do you determine the right type and length of treatment for each participant?

53. Do you use monitoring equipment? _____ If yes, what kind and how often is it used and for what time period? _____

54. Explain your court's partnerships with your local legislative delegation, local officials, other agencies, and community support.

55. How do you caution the participants against driving without a license?

Family Drug Courts:

56.

Please respond for CY'14 (Jan 1, 2014 – Dec 31, 2014)	
A. Number of graduates with new DFCS reports	
B. Number of children (age 0-17) who received direct services through your court as a result of Parent/guardian being active in the program	
C. Number of drug-free babies born while participant was active in program or to a graduate of the program.	
D. Number of days that participants' children have been kept out of foster care.	

57. List the services your court offers participants (group counseling, individual counseling, gender specific services, mental health treatment, parenting classes, anger management classes, family or domestic relations counseling, etc.).

58. List the direct services provided to the children (i.e. Celebrating Families, Strengthening Families, trauma assessments, Theraplay, etc...)

59. Describe DFCS involvement in your court.

Is there a specific caseworker assigned to the drug court? _____ Have they had formal training specific to drug courts? _____

60. Is there a structured systematic assessment provided for the children in your program? _____

61. Was your program capacity determined by formula or by service limitations? _____

62. What challenges has your program experienced in the past year and how has your team overcome them?

63. Does treatment communicate with court via email? _____

64. In order to graduate, are clients required to have a job or be in school? _____

65. In order to graduate, are clients required to have a sober housing environment? _____

66. Did the presiding Judge of the program volunteer? _____ Is the Judge's term over the program indefinite? _____

67. Have results from any program evaluations, data review, or regular reporting of statistics lead to modifications? _____ If so, what were those modifications?

Juvenile Courts:

68. Are all participants required to be enrolled in school or a GED program? _____

69. What is the annual cost savings brought about by your participants not being in YDC? _____

70. What percentage of your participants' parents are mandated to attend court sessions? _____

71. What percentage of your participants' parents are mandated to participate in treatment? _____

72. Does your program offer: (check all that apply)

- gender specific counseling
- domestic relations or family counseling

- mental health treatment
- parenting classes
- anger management classes

73. Does your court receive assistance from the following? If not, please explain

- Local Churches or Faith Based Org
- Civic Groups (Elks Club, Kiwanis, Rotary, etc)

- Junior League
- Local college or school groups
- Any others? Please list:

ALL COURTS SHOULD ANSWER: (this grant is NOT intended to fund your program fully)

74. How is or will your program be funded? (Add additional pages if necessary.)

Fund Source	Amount	If you do not receive funding from this source, why not?
County/Local Government		
DATE Fund		
Participant Fees		
Federal Grants		
BJA		
SAMHSA		
JAG (Federal or State)		
Community Service Boards		
Revenue From Lab		
501 c(3)		
Other Sources (please name):		
TOTAL PROGRAM BUDGET	\$ 0	

75. Please describe your courts sustainability plan.

SECTION V: NARRATIVE

Please fully describe your request. Explain why your request can not be funded using other funding sources. Include any appropriate additional documentation that may help explain your project. *Please note: if you attach information that is not relevant, or is voluminous, the committee may choose to not consider it.* Include in your narrative how your project adheres to the state standards and best practices. If you attach additional pages, please limit your response to a maximum of two pages, double-spaced, using a standard 12 point font with 1 inch margins.

SECTION VI: BUDGETS

Budget Detail

Complete and attach the budget detail worksheet. The budget should include everything you are requesting from grant funds AND your matching funds. It is not necessary to include your entire operating budget. YOU MUST SUBMIT YOUR INFORMATION ON THE ATTACHED PAGES. If you include your own pages, they will NOT be evaluated by the committee.

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed on the Budget Detail Worksheet. Proposed budgets are expected to be complete, reasonable and allowable, cost effective, and necessary for project activities. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the program. If you need additional space, please attach an additional page.

Budget Priority Form

Use the Budget Priority Form to indicate which of the items you requested in the budget detail take priority to your program. If the Funding Committee needs to make cuts, it may consider your program's preferences on this form. Please be sure to use the wording you used in the budget detail section. Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so the committee can match up your requests. Failure to prioritize budget requests may result in the ACFC making cuts to your program that may affect mission critical services.

Restrictions on Use of Funds

For this grant period, grant funds will not be allowed to be used for: out of state training, any part of a salary or pay supplements for state or county paid employees, office space, utilities, furniture (existing courts only), incentives, monthly cell phone charges, case management software (including maintenance and upgrades), office supplies, construction projects, vehicles, weapons or grant administrative overhead.

BUDGET DETAIL WORKSHEET

A. Accountability Court Personnel/Salaries and Benefits. List each position by title and name of employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency. Contract Personnel should be listed under "B. Contract Personnel" category.

Position Title/Name	% of Time	Salary Request	Benefits Request	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

D. Equipment. List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used. Anything listed here should have a value over \$4999. Anything under \$5,000 should be requested under "E. Supplies".

Item	Purpose	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

E. Supplies. List items by type (e.g. brochures, treatment handbooks, manuals, audio/video, equipment under \$5,000). Show budget calculation. Office Supplies are NOT allowable through this grant. Drug testing supplies should be put under "C. Drug Tests/Testing Supplies".

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0 _____
 TOTAL MATCHING FUNDS \$ 0 _____

Justification:

G. Other. List anticipated expenses not considered in one of the above categories.

Item	Calculation	Total Grant Funds Requested	Matching Funds

TOTAL FUNDS REQUESTED \$ 0
TOTAL MATCHING FUNDS \$ 0

Justification:

Budget Priority Form

Please list the budget items you requested in the order of funding priority. Please use the same nomenclature you used on the budget detail form so we can match up your request.

Example:

Priority #	Budget Category	Item Description	Amount
1.	A (1&2)	Coordinator Salary/Benefits	\$75,000
2.	B	Treatment Provider	\$50,000
3.	C	Drug Tests	\$20,000

Priority #	Budget Category	Item Description	Amount
1			
2			
3			

SECTION VII: ATTACHMENTS

Required Forms

The following forms are required. Please submit as attachments to your application.

- *Certification for Accountability Court Funding – signed and dated by the accountability court judge
- *Contract between the Accountability Court and Treatment Provider (if you have one)
- *Organizational chart. Sample organizational charts can be found on www.gaaccountabilitycourts.org. You can modify the example, or submit your own. If you submit your own org chart, it must include the person’s name, title, percentage of time they devote to the accountability court, and how the position is funded.

Certification for Accountability Court Funding

I certify that the _____ (*court name*) provides the following. (check if accurately describes).

- 1. The accountability court integrates substance abuse treatment services and mental health services, where applicable, with justice system case processing.
- 2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.
- 3. Eligible participants are identified early and promptly placed into the accountability program.
- 4. The accountability court provides access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5. Abstinence is monitored by frequent alcohol and other drug testing.
- 6. A coordinated strategy governs accountability court responses to participants' compliance.
- 7. The accountability court has ongoing judicial interaction with each participant.
- 8. The accountability court uses monitoring and evaluations to measure the achievement of program goals and to gauge effectiveness.
- 9. Through continuing interdisciplinary education the accountability court promotes effective court planning, implementation and operations.
- 10. The accountability court generates local support and enhances the program effectiveness by forging partnerships among other accountability courts, public agencies and community-based organization.

****Continued funding through this grant may be contingent on compliance with the requirements (1-10) listed above.****

By signing below, you are certifying that the information in this Request for Funding Application is accurate and complete. Your signature also indicates that you and your team are agreeing to participate in all applicable training sessions described on the website: www.gaaccountabilitycourts.org.

Submitted by: _____
Judge

_____ Court Date

Backup material for agenda item:

3. Presentation of the 2015 Boot Drives - Deputy Chief Tim Satterfield



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Emergency Services

Presenter: Tim Satterfield

Submitted By: Billy Thurmond

Date Submitted: 03-11-2015

Item of Business/Agenda Title: 2015 Boot Drives

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only
(no action needed)

OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: May 2015 is the first scheduled boot drive

Purpose of Request: To get BOC approval to hold boot drives for Georgia Burn Foundation, Muscular Dystrophy Assoc., and Kare for Kids

Department Recommendation: Recommend BOC approval to hold boot drives on dates listed on summary.

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information:

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: Funds are collected and then distributed to the charitable organization. Budget will be

No added to respective revenue and expenditure accounts based on amount collected. FY 2014 collections totaled \$24,873.68.

Amount Requested: none

Amount Budgeted: none

Fund Name and Account Number: 206-00-3500-572000-000

Administration Staff Authorization

Dept. Head Authorization: Billy Thurmond

Date: 03-11-2015

Finance Dept. Authorization: Dena Bosten

Date: 03-17-2015

County Manager Authorization: Cindy Campbell

Work Session Date: 03/24/2015

Comments: _____



DAWSON COUNTY BOARD OF COMMISSIONERS

EXECUTIVE SUMMARY

SUBJECT: 2015 Boot Drives _____

DATE: 03-11-2015 _____

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

BUDGET INFORMATION:
ANNUAL- _____
CAPITAL- _____

COMMISSION ACTION REQUESTED ON: Approval of dates to hold boot drives _____

PURPOSE: To collect funds for the Ga. Burn Foundation, MDA and Kare for Kids

HISTORY: The department has collected funds for these organizations for the past several years.

FACTS AND ISSUES: Ga. Burn Foundation: May 21,22,23
 MDA: September 3,4,5
 Kare for Kids: November 27,28

OPTIONS:

RECOMMENDED SAMPLE MOTION: Recommend BOC approval to collect funds through boot drives for the three organizations

DEPARTMENT: Emergency Services

Prepared by: Billy Thurmond _____

Director Billy Thurmond _____

Backup material for agenda item:

4. Presentation of the 2015 GEMA Homeland Security Grant - Deputy Chief Tim Satterfield



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Emergency Services

Presenter: Tim Satterfield

Submitted By: Billy Thurmond

Date Submitted: 03-11-2015

Item of Business/Agenda Title: 2015 GEMA Homeland Security Grant

Attach an Executive Summary fully describing all elements of the item of business. (Attached)

THE ITEM IS FOR:

Work Session presentation only (no action needed) OR **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: April 03

Purpose of Request: Continuation of the K-9 grant used for food, veterinarian expenses and training for dogs and handlers

Department Recommendation: Recommend approval to submit grant.

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information:
 No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: This is a no match grant
 No

Amount Requested: 0

Amount Budgeted: 0

Fund Name and Account Number: 250-00-3929

Administration Staff Authorization

Dept. Head Authorization: Billy Thurmond Date: 03-11-2015

Finance Dept. Authorization: Dena Bosten Date: 03-17-2015

County Manager Authorization: Cindy Campbell Work Session Date: 03-26-2015

Comments: _____



DAWSON COUNTY BOARD OF COMMISSIONERS

EXECUTIVE SUMMARY

SUBJECT: 2015 GEMA Homeland Security Grant _____

DATE: 03-11-2015 _____

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

BUDGET INFORMATION:
ANNUAL- _____
CAPITAL- _____

COMMISSION ACTION REQUESTED ON: Approval to apply for the GEMA Homeland Security Grant

PURPOSE: To fund equipment, veterinarian expenses, food and training for the K-9's and their handlers.

HISTORY: The department has received this grant for past few years.

FACTS AND ISSUES: This is a no match grant. The total request is for \$14,200.00.

OPTIONS:

RECOMMENDED SAMPLE MOTION: Recommend BOC approval to apply for GEMA Homeland Security Grant

DEPARTMENT: Emergency Services

Prepared by: Billy Thurmond _____

Director Billy Thurmond _____



2015 Georgia Homeland Security Grant Program Project Investment Justification Submittal for Statewide Resources

PLEASE READ FIRST

The State of Georgia has not yet received guidance from DHS on the form/content for the 2015 Grant Program application Investment Justifications (IJs). Since we do not know when guidance will be provided, we have concerns that the turnaround time for submittal of grant applications will be very short. Therefore, in order to allow the statewide resource managers to begin the planning process, GEMA/ HS is providing you this IJ form to use as a basis for collecting information on potential projects for funding in 2015. If once received, GEMA/HS determines the 2015 DHS guidance requires information not requested in this document, each applicant as necessary will be contacted to gather the additional required information.

Once your agency or department has collected the necessary information to describe a project or program that would merit DHS funding, you should fill out this form electronically and save it as a Microsoft Word file. The person completing the electronic form should type answers in the gray-colored blocks that appear on the form or check the required checkboxes. The gray-colored blocks will expand as they write in answers. Once complete, the Word file should be saved with a title that describes the program (i.e. HAZMAT/GSAR/EOD, etc.), the department or agency submitting the request and, if you are preparing more than one request, the project number (for example: “GSARFultonFire_1.doc” or “EODGBI_2.doc”).

The **deadline for submittal** of IJs for proposed projects is **April 2, 2015**, and completed applications should be emailed to **Ronnie Register** at **ronnie.register@gema.ga.gov**. As these forms are received, they will be reviewed by GEMA/HS and added to the statewide list of projects considered for 2015 funding.

Thank you for your participation in the 2015 grant application process. If you encounter difficulty in utilizing this form or uploading the document, please contact **Ronnie Register** at the email address above or at **(404)635-7222**.

2015 Project Description

1. GEMA/HS Area (1-8)

6

2. Title of project

K9 care, maintenance, training, and certification

3. Summarize the proposed project, including its purpose (no more than 250 words)

Training and certification expenses for handlers and K9's. Maintenance for the K9's including food, veterinary, and medications.

4. What type of project is this?

Building New Capability Sustaining Existing Capability

5. Agency (agencies) that would receive GEMA/HS funds and maintain them

Dawson County Emergency Services

6. Agency (agencies) that will carry out the project (if different than agency receiving funds)

7. Contact at agency (agencies) that will be receiving funds

Name/Agency Deputy Chief Tim Satterfield; Dawson County Emergency Services

Phone 706-344-3666; 678-776-5577

E-mail tsatterfield@dawsoncounty.org

Zip Code of Agency 30534

8. Point of contact to answer questions about proposed project (if different than agency contacts)

Name/Agency

Phone

E-mail

9. What is the local investment in this project (for example, SPLOST or other local funds)?

None

10. What is the monetary value of this local investment? If there is no local investment, explain why there is no local investment in this proposed project.

0

11. Estimate the number of people to be served by this project.

The GSAR K9 Task Force is a GEMA resource for the entire state of Georgia.

12. Estimate the number of public safety agency personnel who will benefit from this project.

5

13. Which of the 2015 National Priorities below are addressed by this project (check all that are applicable)

- Implementation of the National Preparedness System and the Whole-Community Approach to Homeland Security and Emergency Management. This Includes Integration of Persons with Disabilities and Those With Access/Functional Needs
- Cybersecurity and/or Enhancing Infrastructure Protection/Resiliency
- Improving Efforts at Long-Term Recovery Following a Large Event
- Enhancing Public and Private Partnerships

14. Check which two (2) Core Capabilities are primarily addressed by this proposed project:

- | | |
|---|---|
| <input type="checkbox"/> Access Control and Identity Verification | <input type="checkbox"/> Operational Coordination |
| <input type="checkbox"/> Community Resilience | <input type="checkbox"/> Physical Protective Measures |
| <input type="checkbox"/> Critical Transportation | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Public and Private Services and Resources |
| <input type="checkbox"/> Economic Recovery | <input checked="" type="checkbox"/> Public Health and Medical Services |
| <input type="checkbox"/> Environmental Response/Health and Safety | <input type="checkbox"/> Public Information and Warning |
| <input type="checkbox"/> Fatality Management Services | <input type="checkbox"/> Risk and Disaster Resilience Assessment |
| <input type="checkbox"/> Forensics and Attribution | <input type="checkbox"/> Risk Management for Protection Programs and Activities |
| <input type="checkbox"/> Health and Social Services | <input type="checkbox"/> Screening, Search, and Detection |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Situational Assessment |
| <input type="checkbox"/> Infrastructure Systems | <input type="checkbox"/> Supply Chain Integrity and Security |
| <input type="checkbox"/> Intelligence and Information Sharing | <input type="checkbox"/> Threat and Hazard Identification |
| <input type="checkbox"/> Interdiction and Disruption | |
| <input type="checkbox"/> Long-term Vulnerability Reduction | |
| <input type="checkbox"/> Mass Care Services | |
| <input checked="" type="checkbox"/> Mass Search and Rescue Operations | |
| <input type="checkbox"/> Natural and Cultural Resources | |
| <input type="checkbox"/> On-scene Security and Protection | |
| <input type="checkbox"/> Operational Communications | |

15. Estimate the amount of the funding you are requesting that will be used to strengthen each Core Capability addressed by the project.

Core Capability	Amount of Proposed Funding
Mass Search and Rescue	\$9,200.00
Public Health and Medical Services	\$5,000.00
Total:	\$14,200.00

16. Estimate the amount of the funding you are requesting that will be used to strengthen each Solution Area addressed by the project.

Solution Areas (POETE)	Amount of Proposed Funding
Planning	\$5,200.00
Organization	\$2,000.00
Equipment	\$2,000.00
Training	\$2,500.00
Exercises	\$2,500.00
Total:	\$14,200.00

17. How much of the funding in the proposed project can be associated with Law Enforcement Terrorism Prevention Activities (LETPA)?

\$0

18. List the gaps in your agency's or team's most recent Strategic Plan or assessment that this investment addresses. If this is an interoperable communications project, please also indicate the relevant goals and objectives of the SCIP that it addresses. NOTE: a separate interoperability project checklist must be completed for communications-based projects. Please contact the GEMA/HS Program Manager for a copy of the checklist

N/A

19. Provide up to four major milestones and their associated completion dates that will be required to complete the project

- a. To have all handlers and K9's trained and certified within 6 months.
- b. For all K9's and handlers to be able to deploy in 6 months.
- c. For all K9's to be healthy and ready to search daily.
- d. To have all handlers to be training in the health and care of themselves, their K9, and the citizens

20. List two outcomes that would indicate this project had been successful

- a. All handlers and K9's meet their certifications
- b. Find live victims at a mass bsearch and rescue event

21. What capabilities will be increased and, if possible, quantify that increase?

Better trained handlers and healthier K9's. More certified K9's which can help more agencies through-out the state of Georgia.

22. If this is a sustaining project, how much capability will be lost if it is not funded?

The capability of searching a large area within a shorter time which saves more lives.

23. Total Project Budget Request

\$14,200.00

Provide a budget in the table below breaking out the various elements of the proposed project

a. Equipment

Equipment Description (list items)	Quantity	Unit Cost	Total Cost
Training and certification of K9's and handlers	5	\$1,000.00	\$5,000.00
Food for K9's	60	\$70.00	\$4,200.00
Veterinary Expenses	5	\$1,000.00	\$5,000.00
TOTAL EQUIPMENT COSTS			\$\$14,200.00

b. Travel

Travel Costs (list items)	Quantity	Unit Cost	Cost
TOTAL TRAVEL COSTS			\$

c. Subcontractors

Subcontractor Name	Work Required	Cost
TOTAL SUBCONTRACTOR COSTS		\$

d. Other Costs

Other Costs including Training, Exercises, Materials and Supplies (list items)	Quantity	Unit Cost	Cost
TOTAL OTHER COSTS			\$

24. Projects that are not classroom training and are not simply (portable) equipment purchases will require an Environmental and Historic Preservation (EHP) Review to be done before work begins. For example, if your proposed project involves modifying buildings, drilling holes, pouring slabs, digging or moving soil, building or modifying towers, adding security fences or other physical changes to the environment, have the costs for this EHP review process been included in your estimate above?

Yes No

If you wish to review the EHP screening form or program requirements, they can be found at: <http://www.fema.gov/environmental-planning-and-historic-preservation-program>

25. Can the project be broken into phases if partially funded?

Yes
 No

If yes, please detail how this can be done.

All foods and Veterinary expenses are not needed at one time.

26. Identify other federal or state grants, if any, which will be used to supplement Homeland Security Grant Program investments in strengthening this capability. Also indicate the dollar value of these grants.

none

27. Describe how the organization/jurisdiction responsible for this proposed project would sustain it after Homeland Security Grant Program ends.

All equipment and supply are inventory, inspected and maintain weekly

28. Other comments