

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # *B-2

Urgent

Routine

AGENDA DATE March 1, 2011

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Approval to Accept the California Emergency Management Agency 2010 Comprehensive Drug Court Implementation Program Funding Award Effective January 1, 2011 through December 31, 2011

STAFF RECOMMENDATIONS:

1. Authorize the Behavioral Health Director to accept the California Emergency Management Agency's 2010 Comprehensive Drug Court Implementation Program grant funding award for the period of January 1, 2010 through December 31, 2011.
2. Authorize the Behavioral Health Director or her designee to sign the subsequent amendment with the California Emergency Management Agency for implementation of the Comprehensive Drug Courts Implementation Program grant.
3. Direct the Auditor-Controller to increase appropriations and estimated revenues by \$170,000 as detailed in the Budget Journal.

FISCAL IMPACT:

Stanislaus County has been awarded \$170,000 from the California Emergency Management Agency through a competitive bid process. The funding is a one-time allocation of Federal Edward Byrne Memorial Justice Assistance Grant funds with a spending authority of January 1, 2011 through December 31, 2011. Behavioral Health and Recovery Services is requesting to increase appropriations and estimated revenues by \$170,000 as detailed in the Budget Journal. Any estimated unspent funds from this Fiscal Year will be included in the Department's Budget Year 2011-2012 Proposed Budget submission. There is no County General Fund impact associated with accepting these funds.

BOARD ACTION AS FOLLOWS:

No. 2011-120

On motion of Supervisor O'Brien, Seconded by Supervisor Chiesa
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None


1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

Behavioral Health and Recovery Services is requesting authorization to accept \$170,000 in funding from the California Emergency Management Agency (CalEMA) to provide substance use disorder treatment and support services to adults in the Adult Drug Court program.

The Comprehensive Drug Court Implementation (CDCI) Act created a funding stream for state drug courts (Assembly Bill 1111, Chapter 147, 2999 Statutes, Health and Safety Code Section 11970.1-11970.4). CDCI was originally designed to serve adult pre-plea and post-plea offenders and misdemeanants; and juveniles and parents of children who are detained by, or are dependents of, the juvenile court. CDCI was amended in 2003 to focus exclusively on convicted felons placed on formal probation.

In November 2010, CalEMA issued a competitive Request for Proposals document for Federal Edward Byrne Memorial Justice Assistance Grant (JAG) funding. The goal and purpose of these funds are to bridge the gap in drug treatment services for CDCI criminal justice felons and are to be used in accordance with the provisions outlined in serving this criminal justice population. Funding is only available to Counties with existing Drug Court programs.

In December 14, 2010, Behavioral Health and Recovery Services submitted a grant application to CalEMA for \$170,000 in funding to enhance support services in its existing Adult Drug Court program. The department was notified on February 4, 2011 that its application was successful.

JAG funds can only be used to enhance drug treatment services to improve the quality and/or intensity of drug treatment services. Allowable areas of expenditures to meet project goals are limited to the following:

- Increasing residential capacity;
- Providing narcotic treatment therapy;
- Utilizing outpatient and detoxification services; and
- Utilizing sober living environments to intensify out-patient treatment options.

BHRS will use the funding to:

- Increase access to a continuum of treatment services, primarily residential and day treatment services;
- Increase access to sober living environments;

Increasing these treatment and support services will help to increase the number of offenders who remain in treatment for longer intervals, increase the percentage of offenders who complete treatment and enter aftercare, and decrease time interval between initial assessment and admission to treatment.

POLICY ISSUE:

Approval of this agenda item will meet the Board's priorities of A Healthy Community and Effective Partnerships by maximizing State funding to address the needs expressed by the

Approval to Accept the California Emergency Management Agency 2010 Comprehensive Drug Court Implementation Program Funding Award Effective January 1, 2011 through December 31, 2011

Page 3

Community Health Survey and the BHRS Alcohol and Other Drug Stakeholders process for additional substance abuse services in Stanislaus County.

STAFFING IMPACT:

Existing BHRS staff are available to support the goals of the CDCI grant.

CONTACT INFORMATION:

Debra Buckles, Chief, Forensic Services. Telephone: (209) 525-6225

County of Stanislaus: Auditor-Controller Legal Budget Journal

Database
Set of Books

FMSDBPRD.CO.STANISLAUS.CA.US.PROD
County of Stanislaus

Balance Type	Budget
Category	* List - Text Budget - Upload
Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text MH RLB 2/08/10
Journal Description	Text Grant award - Comprehensive Drug Court Implementation Program
Journal Reference	Text
Organization	List - Text Stanislaus Budget Org

Upl	Fund	Org	Acc't	GL Proj	Loc	Misc	Other	Debit		Credit		Period	Line Description				
								incr appropriations	decr appropriations	incr est revenue	decr est revenue						
								(format > number > general)								Upper case	
																MMM-YY	Text
									170000			Feb-11	MH A&D Adult Drug Court				
Fl	1502	6511260	28800	0000000	0000000	0000000	000000					Feb-11	MH A&D Adult Drug Court				
Fl	1502	6511260	63280	0000000	0000000	0000000	000000	170000				Feb-11	MH A&D Adult Drug Court				

Totals:	170000	170000
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Explanation:

Requesting Department	Date Entry	Auditors Office Only	
Bob Backlund			
Signature	Keyed by	Prepared By	Approved By
2/8/2011			2-18-11
Date	Date	Date	Date

EDMUND G. BROWN, JR.
GOVERNOR



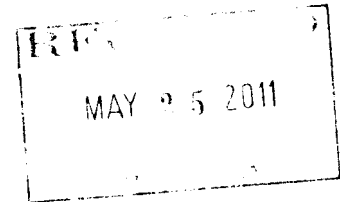
Cal E·M·A
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

IFT / Mike Dayton
3/11/11 B2

MIKE DAYTON
ACTING SECRETARY

May 23, 2011

Dr. Madelyn Schlaepfer
Director
Stanislaus County-Behavioral Health & Recovery Services
800 Scenic Drive
Modesto, CA 95350



Subject: Approval of Subgrant Modification #2
Offender Treatment Recovery Act Program
Award #: **ZO09010500**

Dear Dr. Schlaepfer:

The California Emergency Management Agency (CalEMA) has received and approved the enclosed subgrant modification request, for the subject grant.

Please contact your Program Specialist if you have any questions about this modification.

PSVS GRANTS PROCESSING

Enclosure

c: Subgrantee file

BOARD OF SUPERVISORS
2011 OCT 12 A 10:41

Tanya

Cal EMA Grant Award Modification

MAIL TO: California Emergency Management Agency
3650 Schriever Ave.
Mather, CA 95655

Check correct branch:

- Drug Enforcement
- Justice & Childrens
- Crime & Gangs
- DV, SA, & VW

1. Award # Z009 01 0500

2. Modification #: 2

3. Recipient/Implementing Agency Stanislaus County Behavioral Health & Recovery Services

4. Project Title: Offender Treatment Recovery Act Program

5. Contact Person: Bob Backlund Phone: (209) 525-6273 Ex: _____ Fax: (209) 525-5331

Email Address: bbacklund@stanbhhs.org 6. Grant Period: 10/01/2009 to 09/30/2011

7. Payment Mailing Address: 800 Scenic Drive, Modesto CA 95350 Check here if new.

8. Revision to Budget

Grant	Current Allocation (CA) Select Acronym from list	Grant Funds				Required Match				Total
		A. Personal Services	B. Operating Expenses	C. Equipment	Fund Total	A. Personal Services	B. Operating Expenses	C. Equipment	Match Total	
09	JAGR	\$115,451	\$526,571	\$0	\$642,022				\$0	\$642,022
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Proposed Change (PC) [add (+) or subtract (-) from budgeted amount]										
09	JAGR	(\$24,700)	\$24,700		\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Yr	Fund				\$0				\$0	\$0
Revised Allocation (RA)										
09	JAGR	\$90,751	\$551,271	\$0	\$642,022	\$0	\$0	\$0	\$0	\$642,022
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Yr	Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Check when completed

9. Justification for Modification: (If necessary, continue the justification on page 3.)

The part-time Staff Services Analyst position that was included in the original grant application has not been filled. The duties are being performed by the Program Coordinator and others. Due to the extended time frame for the grant the budgeted dollars for the Behavioral Health Specialist need to be increased. The net effect of these two changes is a decrease in budgeted salaries and benefits which we would like to transfer into additional treatment. In addition we would like to transfer \$28,700 from Administrative 24,700

10. Local Approvals

Madelyn Schlaepfer, PH.D., CEAP Linda Downs
 Project Director (typed name) Financial Officer (typed name)
Madelyn Schlaepfer 4-25-2011 *Linda Downs* 4/25/11
 Project Director Signature Financial Officer Signature Date:

Cal EMA USE ONLY

Cal EMA Approval Signatures

[Signature] 5/16/11 *[Signature]* 5/10/11
 Program Specialist Section Chief
[Signature] 5/20/11
 Grants Processing Date:



Cal EMA GRANT AWARD MODIFICATION

8. Justification for Modification (cont.)

Overhead into additional treatment and move \$1,500 from Administrative Overhead into Personal Services.

Change project Director ^{to} from Denise Hunt to Marilyn Schaefer

PROJECT CONTACT INFORMATION

Recipient Stanislaus County Grant Number

2009010500
[FOR CALEMA USE ONLY]

Provide the name, title, address, telephone number, and e-mail address for the project contacts named below. **NOTE: If you use a PO Box address, a street address is also required for package delivery and site visit purposes.**

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

Name: Madelyn Schlaepfer, PH.D., CEAP Title: Director

Telephone #: (209) 525-6225 Fax#: 209 525-6291 Email Address: mschlaepfer@stanbhrs.org

Address/City/Zip: 800 Scenic Drive, Modesto CA 95350

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

Name: Linda Downs Title: Assistant Director

Telephone #: (209) 525-6225 Fax#: 209 525-6291 Email Address: ldowns@stanbhrs.org

Address/City/Zip: 800 Scenic Drive, Modesto CA 95350

3. The **person** having **Routine Programmatic** responsibility for the project:

Name: Mike Wilson Title: MH Clinician I

Telephone #: (209) 558-4420 Fax#: 209 558-4873 Email Address: mwilson@stanbhrs.org

Address/City/Zip: 800 Scenic Drive, Modesto CA 95350

4. The **person** having **Routine Fiscal Responsibility** for the project:

Name: Bob Backlund Title: Accountant III

Telephone #: (209) 525-6273 Fax#: 209 525 5331 Email Address: bbacklund@stanbhrs.org

Address/City/Zip: _____

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

Name: Richard Robinson Title: Chief Executive Officer

Telephone #: (209) 525-6333 Fax#: 209 544-6226 Email Address: RickCEO@stancounty.com

Address/City/Zip: 1010 - 10th Street, Modesto CA 95354

6. The **Official Designated** by the Governing Board to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 14 of the Grant Award Face Sheet:

Name: Madelyn Schlaepfer, PH.D., CEAP Title: Director

Telephone #: (209) 525-6225 Fax#: 209 525-6291 Email Address: mschlaepfer@stanbhrs.org

Address/City/Zip: 800 Scenic Drive, Modesto CA 95350

7. The **chair** of the **Governing Body** of the recipient:

Name: Jim DeMartini Title: Board of Supervisors Chairmen

Telephone #: (209) 525-4770 Fax#: 209 525-4410 Email Address: DemartiniJ@stancounty.com

Address/City/Zip: 1010 - 10th Street, Modesto CA 95354

SIGNATURE AUTHORIZATION

Grant Award #: Z009 01 0500

Grant Recipient: Stanislaus County

Implementing Agency: Behavioral Health and Recovery Services

***The Project Director and Financial Officer are *REQUIRED* to sign this form.**

***Project Director:** Madelyn Schlaepfer, PhD

Signature: *Madelyn Schlaepfer*

Date: 4-25-2011

***Financial Officer:** Linda Downs

Signature: *Linda Downs*

Date: 4/25/11

The following persons are authorized to sign for the
Project Director

Adrian Carroll

Signature

Adrian Carroll

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer

Jessica Vollmer

Signature

Jessica Vollmer

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personal Services – Salaries/Employee Benefits	COST
1.0 FTE Behavioral Health Specialist - Extra Help Nov 09 to June 2010 Salary \$22.33 x 1,367 hours = \$30,972 Benefits: <i>1,387.01 h</i> PT deferred comp @2% = \$619 FICA Medi-care portion only 1.45% = \$449 Other Part time benefits, Workers Comp, EAP etc. estimated at 1.55% = \$480	\$30,972 \$619 \$449 \$480
1.0 FTE Behavioral Health Specialist - Extra Help July 2010 to July 2011 Salary \$24.12 x 2,240 hours = \$54,029 Benefits: PT deferred comp @2% = \$1,081 FICA Medi-care portion only 1.45% = \$783 Other Part time benefits, Workers Comp, EAP etc. estimated at <i>1.551 h</i> 1.55% = \$838	\$54,029 \$1,081 \$783 \$838
0.02 FTE Accountant III July 2010 to September 2011 Salary \$32.89 x 36 hours = \$1,184 Benefits @ 26.69% = \$316	\$1,184 \$316
TOTAL	\$90,751

BUDGET CATEGORY AND LINE ITEM DETAIL

B. Operating Expenses	COST
<p>Treatment</p> <p>Residential - 1,982 bed days @ \$125 per day</p> <p>Day Treatment - 1,067 days @ \$100 per day</p> <p>OP Treatment - 3,050 days @ \$55 per day</p> <p>Narcotic Treatment Program - individual counseling - 143 hours @ \$81 per hour</p> <p>Narcotic Treatment Program - dosing - 1,515 units @ \$11.51 per unit</p> <p>Training expense</p> <p>1 rental car for 1 day training of 2 staff in Sacramento</p>	<p>\$247,750</p> <p>\$106,700</p> <p>\$167,750</p> <p>\$11,583</p> <p>\$17,438</p> <p>\$50</p>
TOTAL	\$551,271

BUDGET CATEGORY AND LINE ITEM DETAIL

C. Equipment	COST
TOTAL	\$0.00
Total Project Cost*	\$642,022

**Same as Block 10G on the Grant Award Face Sheet*

LEVS Budget Summary Report

ZO09 Offender Treatment Recovery Act Program

Award #: ZO09 01 0500

Stanislaus County

Award Period: 10/01/09 - 09/30/11

Offender Treatment Program (JAG-OTP)

Latest Request: March 2011, Not Final 201

A. Personal Services - Salaries/Employee Benefits

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	09JAGR	90,751	73,969	16,782	0	16,782
Total A. Personal Services - Salaries/Employee Benefits:		90,751	73,969	16,782	0	16,782

B. Operating Expenses

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	09JAGR	551,271	511,565	39,706	0	39,706
Total B. Operating Expenses:		551,271	511,565	39,706	0	39,706

C. Equipment

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	09JAGR	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
Total Local Match:	0	0	0	0	0
Total Funded:	642,022	585,534	56,488	0	56,488
Total Project Cost:	642,022	585,534	56,488	0	56,488

F/S/L (Funding Types): F=Federal, S=State, L=Local Match

Paid/Expended=posted in ledger w/Claim Schedule. Pending=Processed but not yet in Claim Schedule

05/20/11

3/1/11 B2

EDMUND G. BROWN JR.
GOVERNOR

MIKE DAYTON
ACTING SECRETARY



Cal EMA

CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

April 7, 2011

Denise C. Hunt, RN, MFT, Behavioral Health Director
Stanislaus County
800 Scenic Drive
Modesto, CA 95350

Dear Ms. Hunt, RN, MFT:

Subject: NOTIFICATION OF APPLICATION APPROVAL
Comprehensive Drug Courts Implementation Program
Award #: DI10 01 0500, Cal EMA ID: 099-00000

BOARD OF SUPERVISORS
2011 OCT 12 A 10:41

Congratulations! The California Emergency Management Agency (Cal EMA) has approved your application in the amount of \$170,000, subject to Budget approval. A copy of your approved subgrant is enclosed for your records.

Cal EMA will make every effort to process payment requests within 60 days of receipt.

This subgrant is subject to the Cal EMA Recipient Handbook. You are encouraged to read and familiarize yourself with the Cal EMA Recipient Handbook, which can be viewed on Cal EMA's website at www.calema.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal EMA.

Should you have questions on your subgrant, please contact your Program Specialist.

PSVS Grant Processing

Enclosure

c: Recipient's file

CRP

Cal EMA ID# 099-00000

Award # DI 10 01 0500

CALIFORNIA EMERGENCY MANAGEMENT AGENCY GRANT AWARD FACE SHEET (Cal EMA 2-101)

The California Emergency Management Agency, hereafter designated Cal EMA, hereby makes a grant award of funds to the following:

- 1. Grant Recipient: Stanislaus County
hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.
- 2. Implementing Agency: Behavioral Health and Recovery Services
- 3. Project Title: Offender Treatment Program (JAG-OTP)
- 4. Grant Period: 1/1/2011 to 12/31/2011

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s) and enter total in Block 10G.

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
Select	5. Fed Prgrms		170,000					
Select	6. Fed Prgrms							
Select	7. Fed Prgrms							
Select	8. State Prgrms							
Select	9. State Prgrms							
	10. TOTALS		\$170,000	\$170,000				10 Grand Total: \$170,000

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

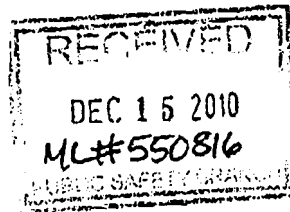
12. Official Authorized to Sign for Applicant/Grant Recipient: Denise C. Hunt, RN, MFT Federal Employer ID Number: _____
 Name: Denise C. Hunt, RN, MFT Title: Behavioral Health Director
 Payment Mailing Address: 800 Scenic Drive City: Modesto Zip: 95350
 Telephone: (209) 525-6225 FAX: (209) 525-6191 Email: dhunt@stanbhhrs.org
 Signature: Denise C. Hunt, RN, MFT Date: 12/9/10

(FOR Cal EMA USE ONLY)

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

Jan Stillwell 4/5/11 RS 2/5/14
 Cal EMA Fiscal Officer, Y Date Cal EMA Director (or designee) Date

Yr: 2010-2011 / Chapter: 712 / PCA No: 18300
 Item: 0690-102-0890 Fed Cat. #: 16.738
 Component: 40.30.560
 Program: Comprehensive Drug Court Implementation (CDCI) Program
 Fund: Federal Trust
 Match Req.: none
 Project No.: 107AC0 Amount: \$ 170,000



PROJECT CONTACT INFORMATION

Applicant Stanislaus County Grant Number DT 10 01 0500
(FOR OES USE ONLY)

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

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

Name: Denise C. Hunt, RN, MFT Address: 800 Scenic Drive
 Title: Behavioral Health Director City: Modesto Zip: 95350
 Telephone #: (209) 525-6225 Fax #: (209) 525-6291
(Area Code) (Area code)
 E-Mail Address: dhunt@stanbhrs.org

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

Name: Linda Downs Address: 800 Scenic Drive
 Title: Assistant Director City: Modesto Zip: 95350
 Telephone #: (209) 525-6225 Fax #: (209) 525-6225
(Area Code) (Area code)
 E-Mail Address: ldowns@stanbhrs.org

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

Name: Mike Wilson Address: 500 N. 9th Street
 Title: MFT Intern City: Modesto Zip: 95350
 Telephone #: (209) 558-4420 Fax #: (209) 558-4873
(Area Code) (Area code)
 E-Mail Address: mwilson@stanbhrs.org

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

Name: Bob Backlund Address: 800 Scenic Drive
 Title: Accountant III City: Modesto Zip: 95350
 Telephone #: (209) 525-6273 Fax #: (209) 525-5331
(Area Code) (Area code)
 E-Mail Address: bbacklund@stanbhrs.org

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

Name: Richard Robinson Address: 1010 10th Street
 Title: Chief Executive Officer City: Modesto Zip: 95354
 Telephone #: (209) 525-6333 Fax #: (209) 544-6226
(Area Code) (Area code)
 E-Mail Address: RickCEO@stancounty.com

6. The **Chair** of the **governing body** of the recipient. (Provide contact information other than that of the recipient)

Name: Jim DeMartini Address: 1010 10th Street
 Title: Board of Supervisors Chairman City: Modesto Zip: 95354
 Telephone #: (209) 525-4470 Fax #: (209) 525-4410
(Area Code) (Area code)
 E-Mail Address: DemartiniJ@stancounty.com

SIGNATURE AUTHORIZATION

Grant Award #: DI 10 01 0500

Grant Recipient: Stanislaus County

Implementing Agency: Behavioral Health and Recovery Services

*The Project Director and Financial Officer are **REQUIRED** to sign this form.

*Project Director: Denise C. Hunt, RN, MFT

Signature: *Denise C. Hunt*

Date: 12/9/10

*Financial Officer: Linda Downs

Signature: *Linda Downs*

Date: 12/9/10

The following persons are authorized to sign for the
Project Director

Madelyn Schlaepfer PhD

Signature

Madelyn Schlaepfer, PhD

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

The following persons are authorized to sign for the
Financial Officer

Lillie Farriester

Signature

Lillie Farriester

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

**CERTIFICATION OF ASSURANCE OF COMPLIANCE
RECOVERY JAG
METHAMPHETAMINE LABORATORY OPERATIONS**

I. Denise C. Hunt, RN, MFT hereby certify that
(official authorized to sign grant award; same person as Section 12 on Grant Award Face Sheet)

RECIPIENT: County of Stanislaus

IMPLEMENTING AGENCY: Behavioral Health and Recovery Services

PROJECT TITLE: Substance Abuse Offender Treatment Program (JAG-OTP)

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

I. Federal Grant Funds

Recipients expending \$500,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Circular A-133 and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the *Recipient Handbook* for more detail.

- The above named Recipient receives \$500,000 or more in federal grant funds annually.
- The above named Recipient does not receive \$500,000 or more in federal grant funds annually.

II. Equal Employment Opportunity – (*Recipient Handbook*, Section 2151)

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

Please provide the following information:

Equal Employment Opportunity Officer: Linda Torres, Executive Assistant

Title: Behavioral Health and Recovery Services Equal Rights Officer

Address: 800 Scenic Drive

Phone: (209) 525-6225

Email: ltorres@stanbhhs.org

III. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)

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

IV. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal EMA-funded projects to certify compliance with CEQA. Projects receiving funding must coordinate with their city or county planning agency to ensure that the project is compliance with CEQA requirements.

V. Lobbying – (Recipient Handbook, Section 2154)

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

VI. Debarment and Suspension – (Recipient Handbook, Section 2155)

(This applies to federally-funded grants only.)

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

VII. Proof of Authority from City Council/Governing Board

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

The Applicant is required to obtain written authorization from the City Council/Governing Board that the official executing this agreement is, in fact, authorized to do so. The Applicant is also required to maintain said written authorization on file and readily available upon demand.

**SPECIAL CONDITIONS OF RECOVERY JAG PROJECTS
METHAMPHETAMINE LABORATORY OPERATIONS**

This special condition facilitates compliance with the provisions of the National Environmental Policy Act (NEPA) relating to clandestine methamphetamine laboratories, including the seizure and/or removal of clandestine methamphetamine laboratories [hereinafter, "meth lab operations"].

The United States Environmental Protection Agency (USEPA) has determined that, "law enforcement responsibilities terminate when the law enforcement official notifies the property owner of record, the state, and the local environmental or public health agencies in writing of a possible site contamination at a clandestine lab."

Law enforcement personnel may seize as evidence and remove any bottles, cans, jugs and other containers, as well as contaminated apparatus and chemical samples from a clandestine drug site, however, law enforcement agencies are not responsible for the cleanup/remediation of any rooms, buildings or surrounding environments, including septic systems, rivers, streams or contaminated soils.

(Check one of the following four boxes)

Will not accept the Recovery JAG funds for the period of Enter the correct grant cycle.

OR

Will accept the Recovery JAG funds for the period of January 1, 2011 - December 31, 2011, but will not use them in the **seizure or removal** of clandestine methamphetamine laboratories.

OR

Will accept the Recovery JAG funds for the period of Enter the correct grant cycle, and comply with Federal, State, and local environmental, health, and safety laws and regulations applicable to the **seizure** of clandestine methamphetamine laboratories. Said compliance will include the following mitigation measures:

1. Recipient will provide medical screening of personnel assigned or to be assigned by the recipient to the seizure of clandestine methamphetamine laboratories;
2. Recipient will provide Occupational Safety and Health Administration (OSHA) required initial and refresher training for law enforcement officials and all other personnel assigned to the seizure of clandestine methamphetamine laboratories;
3. Recipient will equip personnel, as determined by their specific duties, with OSHA required protective wear and other required safety equipment;
4. Recipient will notify the Department of Toxic Substances Control (DTSC), and send written notification to the property owner of record, and the local Environmental Management and/or Public Health Department whenever a clandestine methamphetamine laboratory is seized; and
5. Recipient will enter into a written agreement with the local Social Services Department to notify the local Social Services Department whenever a minor is found at a clandestine methamphetamine laboratory site, and, if determined to be necessary, require that qualified personnel be dispatched to the site and, if determined to be necessary:

- (i) Respond to the minor's health needs that relate to methamphetamine toxicity;
- (ii) Take the minor into protective custody unless the minor is criminally involved in the clandestine methamphetamine laboratory activities or is subject to arrest/detention for other criminal violations;
- (iii) Arrange for medical testing for methamphetamine toxicity; and
- (iv) Arrange for any follow-up medical tests, examinations, or health care made necessary as a result of methamphetamine toxicity.

OR

- Will accept the Recovery JAG funds for the period of Enter the correct grant cycle, and comply with Federal, State, and local environmental, health, and safety laws and regulations applicable to the **seizure and/or removal** of clandestine methamphetamine laboratories. Said compliance will include the following mitigation measures:
1. Recipient will provide medical screening of personnel assigned or to be assigned by the recipient to the seizure and/or removal of clandestine methamphetamine laboratories;
 2. Recipient will provide Occupational Safety and Health Administration (OSHA) required initial and refresher training for law enforcement officials and all other personnel assigned to the seizure and/or removal of clandestine methamphetamine laboratories;
 3. Recipient will equip personnel, as determined by their specific duties, with OSHA required protective wear and other required safety equipment;
 4. Recipient will send written notification to the property owner of record, and the local Environmental Management and/or Public Health Department whenever a clandestine methamphetamine laboratory is seized;
 5. Recipient will enter into a written agreement with the local Social Services Department to notify the local Social Services Department whenever a minor is found at a clandestine methamphetamine laboratory site, and, if determined to be necessary, require that qualified personnel be dispatched to the site and, if determined to be necessary:
 - (v) Respond to the minor's health needs that relate to methamphetamine toxicity;
 - (vi) Take the minor into protective custody unless the minor is criminally involved in the clandestine methamphetamine laboratory activities or is subject to arrest/detention for other criminal violations;
 - (vii) Arrange for medical testing for methamphetamine toxicity; and
 - (viii) Arrange for any follow-up medical tests, examinations, or health care made necessary as a result of methamphetamine toxicity.
 6. Recipient will assign properly trained personnel to prepare a Hazard Assessment and Recognition Plan (HARP) for the clandestine methamphetamine laboratory site;

7. Recipient or DTSC will utilize qualified disposal personnel to remove the chemicals, associated glassware, equipment, and contaminated materials and wastes from the clandestine methamphetamine laboratory site;
8. Recipient or DTSC will dispose of the chemicals, associated glassware, equipment, and contaminated materials and wastes at properly licensed disposal facilities or, when allowable, at properly licenses recycling facilities; and
9. Recipient or DTSC will monitor the records involving the transport, disposal and recycling components of subparagraphs numbered 7 and 8 immediately above in order to ensure proper compliance.

All appropriate documentation must be maintained on file by the project and available for the Cal EMA or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the Recipient may be ineligible for award of any future grants if the Cal EMA determines that any of the following has occurred:

(1) The Recipient has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION	
I, the official named below, am the same individual authorized to sign the Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.	
Authorized Official's Signature:	<u>Denise C. Hunt</u>
Authorized Official's Typed Name:	<u>Denise C. Hunt, RN, MFT</u>
Authorized Official's Title:	<u>Behavioral Health Director</u>
Date Executed:	<u>12/9/10</u>
Federal Employer ID #:	Federal DUNS #
Current Central Contractor Registration	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Executed in the City/County of:	<u>Modesto/Stanislaus County</u>
AUTHORIZED BY: (not applicable to State agencies)	
<input type="checkbox"/> City Financial Officer	<input checked="" type="checkbox"/> County Financial Officer
<input type="checkbox"/> City Manager	<input type="checkbox"/> County Manager
<input type="checkbox"/> Governing Board Chair	
Signature:	<u>Larry Haugh</u>
Typed Name:	<u>Larry Haugh</u>
Title:	<u>Auditor-Controller</u>

BUDGET CATEGORY AND LINE ITEM DETAIL

A. Personal Services - Salaries/Employee Benefits	COST
NONE	ϕ
TOTAL	\$0

BUDGET CATEGORY AND LINE ITEM DETAIL

B. Operating Expenses	COST
Transitions Sober Living	\$59,500
Stanislaus Recovery Center	\$110,500
TOTAL	\$170,000

BUDGET CATEGORY AND LINE ITEM DETAIL

C. Equipment	COST
NONE	ϕ
TOTAL	\$0.00
Total Project Cost*	\$170,000
<small>*Same as Block 10G on the Grant Award Face Sheet</small>	

LEVS Budget Summary Report

DI10 Comprehensive Drug Courts Implementation Program Stanislaus County Offender Treatment Program (JAG-OTP)	Award #: DI10 01 0500 Award Period: 01/01/11 - 12/31/11 Latest Request: , Not Final 201
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A. Personal Services - Salaries/Employee Benefits

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	10JAGO	0	0	0	0	0
Total A. Personal Services - Salaries/Employee Benefits:		0	0	0	0	0

B. Operating Expenses

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	10JAGO	170,000	0	170,000	0	170,000
Total B. Operating Expenses:		170,000	0	170,000	0	170,000

C. Equipment

<u>F/S/L</u>	<u>Funding Source</u>	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
F	10JAGO	0	0	0	0	0
Total C. Equipment:		0	0	0	0	0

	<u>Budget Amount</u>	<u>Paid/Expended</u>	<u>Balance</u>	<u>Pending</u>	<u>Pending Balance</u>
Total Local Match:	0	0	0	0	0
Total Funded:	170,000	0	170,000	0	170,000
Total Project Cost:	170,000	0	170,000	0	170,000

F/S/L (Funding Types): F=Federal, S=State, L=Local Match
 Paid/Expended=posted in ledger w/Claim Schedule, Pending=Processed, but not yet in Claim Schedule