



DEPARTMENT OF CORRECTIONS AND REHABILITATION
CORRECTIONS STANDARDS AUTHORITY

**Juvenile Accountability Block Grants Program
2009/2010 Direct Allocation Application**

SECTION I: APPLICANT INFORMATION

A. APPLICANT AND CONTACT INFORMATION

APPLICANT NAME	TELEPHONE NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
Sonoma County Probation Dept.	707-565-2731	94-6000539	
STREET ADDRESS	CITY	STATE	ZIP CODE
600 Administration Dr. Room 104-J	Santa Rosa	CA	95103
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
Same	-	-	-

B. PROJECT TITLE	C. PROGRAM PURPOSE AREA	D. AMOUNT OF FUNDS REQUESTED
Functional Family Therapy	11	\$ 36,668

E. BRIEF DESCRIPTION OF PROJECT

Expansion of Functional Family Treatment services in Sonoma County

F. IMPLEMENTING AGENCY

AGENCY NAME			
Sonoma County Probation Department			
NAME, TITLE OF PROJECT DIRECTOR		TELEPHONE NUMBER	
Brian Willits, Division Director		707-565-6310	
STREET ADDRESS		FAX NUMBER	
7425 Rancho Los Guilicos Road, Department B		707-565-8639	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Santa Rosa	CA	95409	bwillits@sonoma-county.org

G. DESIGNATED FINANCIAL OFFICER

NAME, TITLE		TELEPHONE NUMBER	
Carl Vanden Heuvel, Administrative Services Officer		707-565-2145	
STREET ADDRESS		FAX NUMBER	
600 Administration Drive, Room 104-J		707-565-2878	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Santa Rosa	CA	95403	cvandenh@sonoma-county.org

H. DAY-TO-DAY PROJECT CONTACT PERSON

NAME AND TITLE		TELEPHONE NUMBER	
Leonardo Tacata, Department Analyst		707-565-6211	
STREET ADDRESS		FAX NUMBER	
7425 Rancho Los Guilicos Road		707-565-6211	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
Santa Rosa	CA	95409	ltacata@sonoma-county.org

I. APPLICANT'S AGREEMENT

By submitting this application, the applicant assures that it will abide by the laws, policies and procedures governing this funding.

NAME AND TITLE OF AUTHORIZED OFFICER (PERSON WITH LEGAL AUTHORITY TO SIGN)			TELEPHONE NUMBER	
Robert M. Ochs, Chief Probation Officer			707-565-2732	
STREET ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER
600 Administration Drive, 104-J	Santa Rosa	CA	95403	565-2878
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE	E-MAIL ADDRESS
same	-	-	-	rochs@sonoma-county.org
APPLICANT'S SIGNATURE				DATE

SECTION II: PROJECT INFORMATION

A. PROJECT DESCRIPTION:

Part I: In the space below #5, provide the following project information:

1. Describe the project(s)/program(s) to be supported with JABG funds.
2. Define project goals and major activities/services.
3. Define the juvenile justice population(s) to be served by the project, including the estimated number of youth.
4. Support the project need with local data/information.
5. Describe staffing, including classification and number of staff required to achieve project goals.

1. Project.

Functional Family Therapy (FFT), endorsed by OJJDP and SAMHSA as a model program, is an empirically grounded, well-documented, and highly successful family intervention program for dysfunctional youth. Sonoma County has identified the need for greater service capacity for family treatment in its juvenile justice system, specifically model programs that demonstrate effectiveness in lowering recidivism rates.

Sonoma County proposes to use JABG funds to increase the number of Functional Family Treatment slots in Sonoma County. These new slots will be offered as in-home services in order to reach a segment of the target population that does not currently have access to local services.

2. Project Goals.

- Provide more family treatment service capacity to the Sonoma County Juvenile Justice System.
- Implement in-home FFT services that will be available to a wider region of Sonoma County.

3. Target Population.

The target population will be Sonoma County juvenile probationers, assessed by a validated risk instrument to be at moderate high to high risk of committing new offenses, and identified by the risk assessment as needing to address Dysfunctional Family as one of the top three criminogenic needs.

Up to ten families will be enrolled in this Functional Family treatment services expansion. Services will be offered in-home over the course of 14 weeks.

4. Local Need.

Sonoma County has recently completed a full-scale implementation to utilize a fourth generation validated risk assessment tool on all minors involved in the Juvenile Probation system. A May 2009 analysis reveals that:

- *Current Relationships* is the most common criminogenic need to be addressed (69.10% of all moderate-high and high risk offenders);
- *Current Living Arrangements* is the third most common criminogenic need to be addressed (27.53% of all moderate-high and high risk offenders);

A functional family therapy program does exist in Sonoma County now. The model appears to be successful in engaging families, in relatively high program completion rates, and in relatively low 6-month new arrest rates. The program, however, currently serves a limited region of the county, and has developed a waiting list of 7 families.

Sonoma County, therefore, proposes to use these JABG funds to address a critical service gap in our community, providing a model family treatment program to a population of high need.

5. Staffing.

Services will be contracted to a community vendor; personnel expenses will not be charged to this project.

Part II: Further identify the target population for your program by completing the table below. Place an "X" next to at least one population segment (or "not applicable") in each of the six designated areas. Multiple boxes may be checked in any one area. Each "X" shall indicate the

populations, if any, to which the program intends to offer targeted services. Targeted services include any services or approaches **specifically designed** to meet the needs of the population (e.g. gender specific, culturally based, developmentally appropriate services).

TARGET POPULATION	
1. RACE	4. AGE
<input checked="" type="checkbox"/> Not applicable	<input checked="" type="checkbox"/> Not applicable
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Under 11
<input type="checkbox"/> Asian	<input type="checkbox"/> 12-13
<input type="checkbox"/> Black/African American	<input type="checkbox"/> 14-15
<input type="checkbox"/> Hispanic or Latino (of any race)	<input type="checkbox"/> 16-17
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> 18 and over*
<input type="checkbox"/> Other Race	
<input type="checkbox"/> White/Caucasian	
2. JUSTICE	5. GEOGRAPHIC
<input type="checkbox"/> At-Risk Population (no prior offense)	<input checked="" type="checkbox"/> Not applicable
<input checked="" type="checkbox"/> First Time Offenders	<input type="checkbox"/> Rural
<input checked="" type="checkbox"/> Repeat Offenders	<input type="checkbox"/> Suburban
<input type="checkbox"/> Sex Offenders	<input type="checkbox"/> Tribal
<input type="checkbox"/> Status Offenders	<input type="checkbox"/> Urban
<input type="checkbox"/> Violent Offenders	
3. GENDER	6. OTHER POPULATIONS
<input checked="" type="checkbox"/> Not applicable	<input checked="" type="checkbox"/> Not applicable
<input type="checkbox"/> Male	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Female	<input type="checkbox"/> Pregnant
	<input type="checkbox"/> Substance Abuse
	<input type="checkbox"/> Truant/Dropout

*Participants 18 years and over must be under the jurisdiction of the juvenile justice system.

B. PROGRAM PURPOSE AREA(S): All funded projects must fall within one or more federally recognized purpose areas established for JABG. Appendix B includes a detailed listing of the 17 program purpose areas from which each applicant must choose. Each separate purpose area identified in this section will require subsequent data reporting on quarterly progress reports to the CSA. Applicants are encouraged to consolidate this portion as much as possible. In the space below, please indicate the selected program purpose area(s) by number and topic, and the federal dollar amount allotted to each. (*Example: #8 Juvenile Drug Courts - \$ 47,189*)

#11 Accountability - \$36,668

C. FEDERAL PERFORMANCE MEASURES: Grantees receiving over \$10,000 must report data to the CSA on mandatory performance measures developed by the Office of Juvenile Justice and Delinquency Prevention. Once a purpose area(s) has been selected in Section II-B above, click below on the corresponding selection(s) and follow the directions for choosing the data to be reported. Data choices will appear in either one or both of these categories – direct service programs or system change programs. Grantees must first determine which category(s) best describes their project, as this will determine the data to be collected. Please note the Reporting Format column that prescribes the precise data to be collected.

Juvenile Accountability Block Grant (JABG)

Federal Juvenile Accountability Block Grant Logic Model [PDF](#)

Performance Measures:

Program Area 1: Graduated Sanctions [PDF](#)

Program Area 2: Corrections/Detention Facilities [PDF](#)

Program Area 3: Court Staffing and Pretrial Services [PDF](#)

Program Area 4: Prosecutors (Staffing) [PDF](#)

Program Area 5: Prosecutors (Funding) [PDF](#)

Program Area 6: Training for Law Enforcement and Court Personnel [PDF](#)

Program Area 7: Juvenile Gun Courts [PDF](#)

Program Area 8: Juvenile Drug Courts [PDF](#)

Program Area 9: Juvenile Records System [PDF](#)

Program Area 10: Information Sharing [PDF](#)

Program Area 11: Accountability [PDF](#)

Program Area 12: Risk and Needs Assessment [PDF](#)

Program Area 13: School Safety [PDF](#)

Program Area 14: Restorative Justice [PDF](#)

Program Area 15: Juvenile Courts and Probation [PDF](#)

Program Area 16: Detention/Corrections Personnel [PDF](#)

Program Area 17: Reentry [PDF](#)

SECTION III: BUDGET INFORMATION

A. WAIVER AND MATCH CALCULATION: Completion of this segment of the budget section is only for those applicants receiving waivers of funding from other jurisdictions. Applicants not receiving waivers may skip to the next segment – part B of this budget section.

1.	Applicant unit of local government direct grant amount	(A)	\$	36,668
2.	Additional direct grants received from other eligible recipients (waivers):			
	Waiving jurisdiction:	Waiver Amount:		
		\$		
		\$		
		\$		
	Total amount from other recipients	(B)	\$	0
3.	Total amount of federal award (A + B)	(C)	\$	36,668
4.	Total project cost $[(C \times 10) \div 9]$ (round to nearest dollar)	(D)	\$	40,742
5.	Cash match (D – C) See Appendix A	(E)	\$	4,074

NOTE: The above Waiver and Match table is an Excel document. Double click on the document; fill in the numbers for auto calculation, then save.

B. BUDGET LINE ITEM TOTALS: Please complete the applicable fields in the following table for the proposed budget. Administrative overhead may not exceed 5% of the total grant funds requested. With the exception of new and permanent construction projects requiring a 50% cash match, the required cash match for all other projects is 10% of the total project costs. See Appendix A for pre-calculated 10% match amounts based on federal formula.

Budget Line Items	Grant Funds	Cash Match	Total
Salaries and Benefits			\$ -
Services and Supplies			\$ -
Professional Services			\$ -
CBO Contracts	\$ 34,835.00	\$ 3,484.00	\$ 38,319.00
Administrative Overhead	\$ 1,833.00	\$ 590.00	\$ 2,423.00
Fixed Assets/Equipment			\$ -
Other			\$ -
Total	\$ 36,668.00	\$ 4,074.00	\$ 40,742.00

NOTE: The budget table is an Excel document. Double click on the document; fill in the numbers for auto calculation, then save.

C. BUDGET LINE ITEM DETAILS: Provide sufficient detail/breakdown to explain how the requested funds outlined in the table above will be expended in each applicable line item. Identify match items, their respective dollar amounts, and source of the match funds.

1. **SALARIES AND BENEFITS:** Number of staff, classification, salary and benefits.

n/a

2. **SERVICES AND SUPPLIES:** Includes leases, rent, utilities, travel and training.

n/a

3. **PROFESSIONAL SERVICES:** Includes evaluator, consultant services, therapists, and other professionals as required.

n/a

4. **COMMUNITY-BASED ORGANIZATIONS:** Name of organization and services to be provided.

A contracted community vendor will provide family treatment services in fidelity with the Functional Family Therapy model.

5. **ADMINISTRATIVE OVERHEAD:** Indicate percentage and how calculated. This total may not exceed 5% of the grant funds.

The \$1,833 of grant funds requested is 5.0% of Sonoma County's grant allocation.

6. **FIXED ASSETS/EQUIPMENT:** Office equipment, vehicles, other equipment necessary to perform program activities.

n/a

7. **OTHER:** Any other items not covered above but necessary to meet program goals.

n/a

SECTION IV: LOCAL ADVISORY BOARD

In meeting the federal requirement, indicate in the spaces below the membership of the locally designated advisory board charged with reviewing the plan for expending JABG funds.

Date of meeting to approve application: June 19, 2009

<u>Name</u>	<u>Title</u>	<u>Agency</u>
<u>Robert M. Ochs</u>	<u>Chief Probation Officer</u>	<u>Sonoma County Probation Dept.</u> <u>P.O. Box 11719</u> <u>Santa Rosa, CA 95406</u> <u>(707) 565-2732</u>
<u>William Cogbill</u>	<u>Sheriff-Coroner</u>	<u>Sonoma County Sheriff's Dept.</u> <u>2796 Ventura Avenue</u> <u>Santa Rosa, CA 95403</u> <u>(707) 565-2511</u>
<u>Stephen Passalacqua</u>	<u>District Attorney</u>	<u>Sonoma County District Attorney</u>

600 Administration Drive,
Room 212-J
Santa Rosa, CA 95403
(707) 565-2311

Tom Schwedhelm

Chief of Police

Santa Rosa Police
Department
965 Sonoma Avenue
Santa Rosa, CA 95404
(707) 543-3550

Dr. Carl Wong, Ed.D.

Superintendent of Schools

Sonoma County Office of
Education
5340 Skylane Boulevard
Santa Rosa, CA 95403
(707) 524-2600

SECTION V: BOARD OF SUPERVISORS' RESOLUTION

As part of the grant application process, applicants must submit a resolution from the City Council/Board of Supervisors addressing specified issues. **Please see Attachment C for a Sample Resolution.** The resolution need not be submitted at the same time as the application document; however, the original resolution or copy thereof must be provided to the CSA prior to a grant award agreement being signed. Resolutions may be directed by mail to the JABG Coordinator, Connie Lucero at Corrections Standards Authority, 600 Bercut Drive, Sacramento 95811.

SECTION VI: AUDIT IDENTIFICATION

Grant recipients must submit an audit of expenditures within 120 days following the end of the grant period. Grantees may choose either a program specific audit or a single federal audit. Federal guidelines allow grant recipients receiving \$500,000 or more in federal funds (from all sources including pass-through sub-awards) in a fiscal year to use their federal juvenile justice grant funds to pay for the cost of the audit. Grantees falling below the \$500,000 threshold must use non-federal funds (i.e., match funds) to pay for audit costs. For purposes of this application, please check one of the boxes below to indicate the grantee's choice for meeting the audit requirement.

In conformance with Federal OMB Circular #A-133, and the California State Controller's Accounting Standards and Procedures Chapter 23, Grant Accounting Index, the identified grant will be included in the City/County **Single Federal Audit Report**, which will be submitted to the CSA within the required timeframe of 120 days from the end of the 12-month grant period. NOTE: Should an extension be needed, please provide in advance of the deadline a written justification that indicates reasons for the extension and the timeframe needed.

OR

In conformance with Federal OMB Circular #A-133, and the California State Controller's Accounting Standards and Procedures Chapter 23, Grant Accounting Index, the grantee will provide a

Program Specific Final Audit Report to the CSA within the required timeframe of 120 days from the end of the 12-month grant period.

**PLEASE E-MAIL YOUR COMPLETED APPLICATION
BY MAY 28, 2009
to
Connie.Lucero @cdcr.ca.gov**