



AGENDA

BOARD OF SUPERVISORS, COUNTY OF MONO STATE OF CALIFORNIA

Regular Meetings: The First, Second, and Third Tuesday of each month. Location of meeting is specified just below.

MEETING LOCATION Mammoth Lakes Suite Z, 437 Old Mammoth Rd, Suite Z, Mammoth Lakes, CA 93546

Regular Meeting November 20, 2018

TELECONFERENCE LOCATIONS:

1) First and Second Meetings of Each Month: Mammoth Lakes CAO Conference Room, 3rd Floor Sierra Center Mall, 452 Old Mammoth Road, Mammoth Lakes, California, 93546; 2) Third Meeting of Each Month: Mono County Courthouse, 278 Main, 2nd Floor Board Chambers, Bridgeport, CA 93517.

Board Members may participate from a teleconference location. Note: Members of the public may attend the open-session portion of the meeting from a teleconference location, and may address the board during any one of the opportunities provided on the agenda under Opportunity for the Public to Address the Board.

NOTE: In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact Shannon Kendall, Clerk of the Board, at (760) 932-5533. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (See 42 USCS 12132, 28CFR 35.130).

Full agenda packets are available for the public to review in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517). Any writing distributed less than 72 hours prior to the meeting will be available for public inspection in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517). **ON THE WEB:** You can view the upcoming agenda at <http://monocounty.ca.gov>. If you would like to receive an automatic copy of this agenda by email, please subscribe to the Board of Supervisors Agendas on our website at <http://monocounty.ca.gov/bos>.

UNLESS OTHERWISE SPECIFIED BY TIME, ITEMS SCHEDULED FOR EITHER THE MORNING OR AFTERNOON SESSIONS WILL BE HEARD ACCORDING TO AVAILABLE TIME AND PRESENCE OF INTERESTED PERSONS. PUBLIC MAY COMMENT ON AGENDA ITEMS AT THE TIME THE ITEM IS HEARD.

9:00 AM Call meeting to Order

Pledge of Allegiance

1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

on items of public interest that are within the subject matter jurisdiction of the Board.
(Speakers may be limited in speaking time dependent upon the press of business)

and number of persons wishing to address the Board.)

2. **RECOGNITIONS - NONE**

3. **COUNTY ADMINISTRATIVE OFFICE**

CAO Report regarding Board Assignments

Receive brief oral report by County Administrative Officer (CAO) regarding work activities.

4. **DEPARTMENT/COMMISSION REPORTS**

5. **CONSENT AGENDA**

(All matters on the consent agenda are to be approved on one motion unless a board member requests separate action on a specific item.)

A. Victim / Witness Grant Administration

Departments: District Attorney

Resolution approving and authorizing the Mono County District Attorney to participate in and administer the Victim/Witness Assistance Program which is part of the District Attorney's Victim/Witness Program and approve a budget amendment to include additional grant funds unanticipated when the FY 2018-19 budget was approved.

Recommended Action: 1. Approve Resolution R18-____, Approving the acceptance of the Victim/Witness Assistance Program grant funds and authorize the Mono County District Attorney to sign and administer the grant program. 2. Authorize the Finance Director to make budget adjustments to account for new grant funds (4/5ths vote required)

Fiscal Impact: Revenues in the amount of \$289,553 to the District Attorney's Victim/Witness Program budget. No General Fund match is required.

B. Letter of support for the June Lake Loop Bicycle and Multi-Modal Improvement Project

Departments: CDD

Letter of support for a Caltrans Adaptation Planning Grant application to develop a bicycle and multi-modal improvement plan for the June Lake Loop (SR 158).

Recommended Action: Approve, with any desired modifications, and authorize the Chair to sign the letter of support for a Caltrans Adaptation Planning Grant application.

Fiscal Impact: None at this time.

6. **CORRESPONDENCE RECEIVED**

All items listed are located in the Office of the Clerk of the Board, and are available for

review. Direction may be given to staff regarding, and/or the Board may discuss, any item of correspondence listed on the agenda.

A. Board of Supervisors Update Newsletter - July - September 2018

Newsletter of County-wide updates.

B. Lahontan Regional Water Quality Control

Notice from the Lahontan Regional Water Quality Control Board of California Environmental Quality Act public scoping Meeting on December 6, 2018, on proposed General Orders for limited domestic and small nondomestic wastewater treatment systems applicable to the Lahontan Region.

7. REGULAR AGENDA - MORNING

A. Authorization for Sheriff Office to purchase Seven Chevy Tahoes from National Auto Fleet Group

Departments: Public Works

20 minutes

The Board approved the purchase of seven Chevy Tahoes at the 11.6.18 Board meeting. The Sheriff would like to purchase these vehicles through the National Auto Fleet Group (NAFG) under the master national fleet contract administered by Sourcewell (formerly known as NJPA – National Joint Powers Alliance).

Recommended Action: Authorize Sheriff's Office to purchase seven Chevy Tahoes through NAFG, with upfitting provided by West Coast Lights and Sirens.

Fiscal Impact: The funding of these purchases was already approved by the Board during the 11.6.18 Motor Pool item for a combined total of \$522,014. Purchase of these vehicles through NAFG is estimated at \$311,077, leaving \$210,937 to outfit and place the vehicles into service.

B. Amendment of Allocation List to Add Victim/Witness Advocate

Departments: District Attorney

10 minutes

(Tim Kendall) - Requesting one (1) District Attorney Victim/Witness Advocate position to be added to the Allocation List to be funded through the State's Victim Witness Program Grant.

Recommended Action: Approve the Resolution to Amend the Mono County List of Allocated Positions to reflect the addition of one Victim/Witness Advocate.

Fiscal Impact: No impact to the County's General Fund. Position is set a salary range 60 which is \$44,448 a year and benefits of \$37,238 to be funded by the Victim Witness Program Grant

C. License of Karpel Case Management Software

Departments: District Attorney

5 minutes

(Tim Kendall) - Software license with Karpel Solutions for a Case Management Software Program through the Victim/Witness Assistance Grant Program.

Recommended Action: Authorize the District Attorney to enter into a license, maintenance and support agreement with Karpel Solutions for a Case Management Software Program through the Victim/Witness Assistance Grant Program.

Fiscal Impact: No general fund impact. Quoted purchase price, including services to implement, is \$72,625, and is funded through the County's Victim/Witness grant. Additional services and features are available up to \$90,000, for which a decision will be made to pursue if sufficient budgetary savings is available in the Victim/Witness grant to fund.

D. Children's Medical Services Plan

Departments: Public Health

20 minutes (10 minute presentation, 10 minute discussion)

(Shelby Stockdale) - Proposed Mono County Children's Medical Services (CMS) Plan for Fiscal Year 2018-2019 with the Department of Health Care Services.

Recommended Action: Approve the Mono County Children's Medical Services (CMS) Plan for fiscal year 2018-19 and authorize the Chairman to sign the Certification Statements for California Children's Services (CCS) and Child Health and Disability Prevention (CDPH) Program. Provide any desired direction to staff.

Fiscal Impact: There is zero impact to the Mono County General Fund. These programs are funded with a mix of Federal Title XIX (Medicaid), Federal Title XXI funds, State General Fund, and Realignment dollars totaling \$282,057.

E. Letter to the California Public Utility Commission regarding Phone Service in Benton

Departments: CAO

10 minutes

(Leslie Chapman) - Letter to California Public Utilities Commission regarding telephone service in Benton.

Recommended Action: Approve letter as presented or amended.

Fiscal Impact: None.

8. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

on items of public interest that are within the subject matter jurisdiction of the Board. (Speakers may be limited in speaking time dependent upon the press of business

and number of persons wishing to address the Board.)

9. CLOSED SESSION

A. Closed Session--Human Resources

CONFERENCE WITH LABOR NEGOTIATORS. Government Code Section 54957.6. Agency designated representative(s): Stacey Simon, Leslie Chapman, Dave Butters, Janet Dutcher, and Anne Larsen. Employee Organization(s): Mono County Sheriff's Officers Association (aka Deputy Sheriff's Association), Local 39--majority representative of Mono County Public Employees (MCPE) and Deputy Probation Officers Unit (DPOU), Mono County Paramedic Rescue Association (PARA), Mono County Public Safety Officers Association (PSO), and Mono County Sheriff Department's Management Association (SO Mgmt). Unrepresented employees: All.

B. Performance Evaluation - County Administrative Officer

PUBLIC EMPLOYEE PERFORMANCE EVALUATION. Government Code section 54957. Title: County Administrative Officer.

C. Closed Session - Existing Litigation

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: *County of Mono v. Los Angeles Department of Water and Power et al.* (Alameda Superior Court Case No. RG18923377).

10. BOARD MEMBER REPORTS

The Board may, if time permits, take Board Reports at any time during the meeting and not at a specific time.

ADJOURN



OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: District Attorney

TIME REQUIRED

SUBJECT Victim / Witness Grant Administration

**PERSONS
APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Resolution approving and authorizing the Mono County District Attorney to participate in and administer the Victim/Witness Assistance Program which is part of the District Attorney's Victim/Witness Program and approve a budget amendment to include additional grant funds unanticipated when the FY 2018-19 budget was approved.

RECOMMENDED ACTION:

1. Approve Resolution R18-____, Approving the acceptance of the Victim/Witness Assistance Program grant funds and authorize the Mono County District Attorney to sign and administer the grant program. 2. Authorize the Finance Director to make budget adjustments to account for new grant funds (4/5ths vote required)

FISCAL IMPACT:

Revenues in the amount of \$289,553 to the District Attorney's Victim/Witness Program budget. No General Fund match is required.

CONTACT NAME: Elizabeth Pelichowski

PHONE/EMAIL: 760-932-5550 / epelichowski@mono.ca.gov

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download

[Staff Report on VW Grant](#)

[Resolution](#)

[Packet](#)

History

Time	Who	Approval
11/13/2018 5:56 PM	County Administrative Office	Yes
11/14/2018 3:44 PM	County Counsel	Yes
11/14/2018 10:22 AM	Finance	Yes

County of Mono Office of the District Attorney

www.monocountydistrictattorney.org

Bridgeport Office:
Main St. Court House, P.O. Box 617
Bridgeport, CA. 93517
Tel:(760)932-5550 fax: (760)932-5551



Mammoth Office:
Sierra Center Mall, P.O. Box 2053
Mammoth Lakes, CA. 93546
Tel:(760)924-1710 fax: (760)924-1711

Tim Kendall - District Attorney

TO: Honorable Board of Supervisors
FROM: Tim Kendall, District Attorney
DATE: October 25, 2018

Subject

Resolution approving and authorizing the Mono County District Attorney to participate in and administer the Victim/Witness Assistance Program which is part of the District Attorney's Victim/Witness Program, and budget amendment to include grant funds.

Recommendation

1. Sign Resolution approving the acceptance of the Victim/Witness Assistance Program grant funds and authorize the Mono County District Attorney to sign and administer the grant program.
2. Authorize the Finance Director to make budget adjustments to account for the new grant funds (4/5ths vote required).

Discussion

For the past 30 years, the Mono County District Attorney has applied for and been awarded grant funds through the California Office of Emergency Services, Victim/Witness Grant Program. This year's award amount is for \$289,553.00 and was awarded in October 2018. The funds are used to operate the mandated Victim/Witness Program within the Office of the District Attorney. This program supplies and supports victims of crime by providing constitutionally mandated services that assure that victims of crime can participate and have a voice in the criminal justice process.

Fiscal Impact

Revenues in the amount of \$289,553 to the District Attorney's Victim/Witness Program budget.



RESOLUTION NO. R18-

**A RESOLUTION AUTHORIZING THE MONO COUNTY
DISTRICT ATTORNEY'S OFFICE TO PARTICIPATE
IN THE VICTIM/WITNESS GRANT PROGRAM
AND AUTHORIZING THE DISTRICT ATTORNEY
TO SIGN FOR AND ADMINISTER THE GRANT POSITION**

WHEREAS, the Mono County District Attorney desires to participate in the Victim/Witness Grant supported by federal grant funds and administered by the Office of Emergency Services (hereafter referred to as OES);

NOW, THEREFORE, BE IT RESOLVED that the Mono County District Attorney is authorized on behalf of the Board of Supervisors to submit the grant proposal for this funding and sign the Grant Agreement with the OES, including any amendments thereof.

BE IT FURTHER RESOLVED that federal grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

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1 **BE IT FURTHER RESOLVED** that the County agrees to abide by the statutes and
2 regulations governing the Victim/Witness Program as well as the terms and conditions of the Grant
3 Agreement as set forth by the OES.

4 **PASSED AND ADOPTED** this 20th day of November 2018, by the following Vote:

5 AYES :
6 NOES :
7 ABSTAIN :
8 ABSENT :

10 ATTEST: _____
11 Clerk of the Board Bob Gardner, Chair
12 Board of Supervisors

14 APPROVED AS TO FORM:
15
16 _____
17 COUNTY COUNSEL



Application Cover Sheet

RFA PROCESS

VICTIM/WITNESS ASSISTANCE (VW) PROGRAM

Submitted by:

Mono County Victim/Witness
452 Old Mammoth Road, Second Floor
PO Box 2053
Mammoth Lakes, CA 93546
(760)924-1710

GRANT SUBAWARD FACE SHEET INSTRUCTIONS

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers
Please do not fill in these blocks. These numbers will be entered by Cal OES.

1. Subrecipient

The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Subrecipient.

1a. Federal DUNS Number (Subrecipient)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Subrecipient. If the Subrecipient does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.

2a. Federal DUNS Number (Implementing Agency)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

3. Implementing Agency Address

Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).

4. Location of Project

Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).

5. Disaster/Program Title

Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.

6. Performance Period

Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yy)

7. Indirect Cost Rate

Indicate whether you are using the 10% de minimis rate based on Modified Total Direct Costs (MTDC) or your cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiation Agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. **Indirect costs may or may not be allowable under all Federal fund sources.**

8A – 12G. Fund Allocations and Total Project Cost

For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. Block 12G should correspond to the total project cost specified in the budget.

13. Certification Paragraph

Please review the certification paragraph.

14. CA Public Records Act

Please review, and if applicable, provide the necessary documentation.

15. Official Authorized to sign for the Subrecipient

Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Subaward for the Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent.

16. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the Agency.

Provide an original signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.

(Cal OES Use Only)					
Cal OES#		FIPS#		VS #	Subaward #

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

1. **Subrecipient:** Mono County 1a. DUNS#: 086128832

2. **Implementing Agency:** Mono County District Attorney 2a. DUNS#: 086128832

3. **Implementing Agency Address:** 452 Old Mammoth Rd, PO Box 2053 Mammoth Lakes 93546-2053
Street City Zip+4

4. **Location of Project:** Mammoth Lakes Mono 93546-2053
City County Zip+4

5. **Disaster/Program Title:** Victim/Witness Assistance Program 6. **Performance Period:** 10/01/18 to 09/30/19

7. **Indirect Cost Rate:** N/A; 10% de minimis; Federally Approved ICR _____ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2017	8 VWA0	\$ 17,112					\$ 0	\$ 17,112
2017	9 VOCA		\$ 160,363			\$ 4,596	\$ 4,596	\$ 164,959
2016	10 VOCA		\$ 102,364			\$ 5,118	\$ 5,118	\$ 107,482
Select	11 Select						\$ 0	\$ 0
Select	12 Select						\$ 0	\$ 0
	TOTALS	\$ 17,112	\$ 262,727	\$ 279,839	\$ 0	\$ 9,714	\$ 9,714	12. G Total Project Cost: \$ 289,553

13. **Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

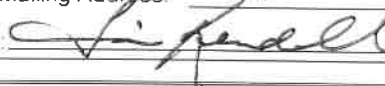
14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. **Official Authorized to Sign for Subrecipient:** Tim Kendall 16. **Federal Employer ID Number:** 956005661

Name: Tim Kendall Title: District Attorney

Telephone: 760-924-1710 FAX: _____ Email: tkendall@mono.ca.gov
(area code) (area code)

Payment Mailing Address: PO Box 2053 City: Mammoth Lakes Zip+4: 93546-2053

Signature:  Date: 10-18-18

[FOR Cal OES 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.

Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date
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PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Executive Director** of a Community-Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** who is the **Official Authorized** to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet (Cal OES 2-101).
7. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Chair** of the **governing body** of the subrecipient.

PROJECT CONTACT INFORMATION

Subrecipient: Mono County

Subaward #: VW18280260

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: Tim Kendall Title: District Attorney

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Janet Dutcher Title: Finance Director

Telephone #: (760)932-5490 Fax#: (760)932-5491 Email Address: jdutcher@mono.ca.gov
Address/City/Zip: 25 Bryant Street, PO Box 556, Bridgeport, CA 93517

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

Name: Sarah Gillespie Title: Victim/Witness Coordinator

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: sgillespie@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Sarah Gillespie Title: Victim/Witness Coordinator

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: sgillespie@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Tim Kendall Title: District Attorney

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: Tim Kendall Title: District Attorney

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Stacy Corless Title: Chairperson, Board of Supervisors

Telephone #: (760)932-5530 Fax#: (760)932-5531 Email Address: scorless@mono.ca.gov
Address/City/Zip: PO Box 715, Bridgeport, CA 93517

SIGNATURE AUTHORIZATION

Subaward #: VW18280260

Subrecipient: Mono County

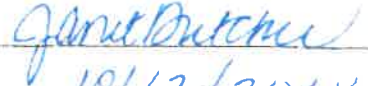
Implementing Agency Mono County District Attorney

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

*Project Director: Tim Kendall

*Financial Officer: Janet Dutcher

Signature: 
Date: _____

Signature 
Date: 10/12/2018

The following persons are authorized to sign for the
Project Director

The following persons are authorized to sign for the
Financial Officer

Signature _____
David Anderson

Signature _____
Stephanie Butters

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Tim Kendall hereby certify that
(official authorized to sign Subaward: same person as Section 15 on Subaward Face Sheet)

SUBRECIPIENT: Mono County
IMPLEMENTING AGENCY: Mono County District Attorney
PROJECT TITLE: Victim/Witness Assistance Program

is responsible for reviewing the *Subrecipient Handbook* and adhering to all of the Subaward requirements (state and/or federal) as directed by Cal OES including, but not limited to, the following areas:

I. Federal Grant Funds

Subrecipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Uniform Guidance 2 CFR Part 200, Subpart F and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Subrecipient Handbook for more detail.

- The above named Subrecipient receives \$750,000 or more in federal grant funds annually.
- The above named Subrecipient does not receive \$750,000 or more in federal grant funds annually.

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

It is the public policy of the State of California to promote equal employment opportunity (EEO) by prohibiting discrimination or harassment in employment because of ancestry, age (over 40), color, disability (physical and mental, including HIV and AIDS), genetic information, gender, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military, veteran status, national origin, race, religion (includes religious dress and grooming practices), sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions) sexual orientation, or request for family medical leave. **Cal OES-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: Leslie Chapman
Title: Mono County Administrative Officer
Address: PO Box 696, Bridgeport, CA 93517
Phone: (760)932-5410
Email: lchapman@mono.ca.gov

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

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

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

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal OES 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 – (Subrecipient Handbook Section 2154)

Cal OES 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 – (Subrecipient Handbook Section 2155)

(This applies to federally funded grants only.)

Cal OES-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 of 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 a signed resolution 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 Cal OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Subaward, including civil court actions for damages, shall be the responsibility of the grant Subrecipient and the authorizing agency. The State of California and Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES 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.

VIII. Civil Rights Compliance

The Subrecipient complies will all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

All appropriate documentation must be maintained on file by the project and available for Cal OES 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 Subrecipient may be ineligible for subaward of any future grants if the Cal OES determines that any of the following has occurred: (1) the Subrecipient 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 Subaward [Section 15 on Grant Subaward Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant Subrecipient 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: _____



Authorized Official's Typed Name: _____

Tim Kendall

Authorized Official's Title: _____

District Attorney

Date Executed: _____

10-18-18

Federal Employer ID #: _____

956005661

Federal DUNS # _____

086128832

Current System for Award Management (SAM) Expiration Date: _____

Executed in the City/County of: _____

Mono

AUTHORIZED BY: *(not applicable to State agencies)*

- City Financial Officer
- City Manager
- Governing Board Chair

- County Financial Officer
- County Manager

Signature: _____



Typed Name: _____

Janet Dutcher

Title: _____

Finance Director

CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance (Cal OES 2-104), which includes details regarding Federal Grant Funds, Equal Employment Opportunity Program, Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, Proof of Authority from City Council/Governing Board, and Civil Rights Compliance. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Subaward. In signing the Grant Subaward Face Sheet, the applicant formally notifies Cal OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. Cal OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VII, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

MONO COUNTY 2018-2019 PROJECT NARRATIVE

Problem Statement

Citizens who become involved with the criminal justice system, either as victims or witnesses to crime, are all too often further victimized by that system. They become isolated and receive little practical advice or necessary care. The Mono County Victim/Witness Program will attempt to reduce the trauma and insensitive treatment that victims and witnesses may experience in the wake of a crime. We will provide these services according to Cal OES guidelines, victim and community needs.

The Mono County Victim/Witness Program was implemented in 1989. The program had only one staff person, the Coordinator, until September 2002. In September 2002, the program was able to hire our first Victim Advocate. Unfortunately, in November 2015, the Victim Advocate position was eliminated due to budget cuts. The Coordinator has devoted 100% of her time to providing direct services to victims and witnesses of crime. In June of 2017 our Program Coordinator of twenty-six years retired and we hired a new Coordinator in April of 2017. With a new Program Coordinator, we have been working hard to expand our victim services to better serve our Victim population. With the increase in victim services provided we hired a part time Victim Advocate last grant year.

The Town of Mammoth Lakes, the largest incorporated city within Mono County, continues to grow. The Hispanic population of Victims is rapidly increasing. As such the language barrier has become an increased problem. However, we do have several county employees that are utilized for interpreting. We are also servicing additional victims and witnesses due to the increase of crimes and clients as a result of AB109, realignment.

We have two office locations, one in Mammoth Lakes and one in Bridgeport. The Mammoth Office continues to be very busy. The courthouse in Bridgeport has limited services to one day per week and as such the services to the north end of the county have become more limited. The Coordinator travels to Bridgeport on an as needed basis. With the addition of a part-time Advocate we have been able to increase our services in the north end of the county and will continue to grow with the hire of a full-time Advocate.

Plan

The Mono County Victim/Witness Program will advocate to the District Attorney's Office, law enforcement, and the criminal justice system on behalf of victims and witnesses of crime. The program will provide mandated and optional services to victims and witnesses of crime set forth in Penal Code Section 13835. The program will attempt to decrease the trauma experienced by victims and witnesses of crime thereby allowing for faster and more complete recovery from the effects of crime.

The 2018-2019 objectives are to reach three hundred new victims in Mono County. We will also have between three hundred and three hundred and fifty continued contacts with victims and witnesses of crime.

In the grant year of 2018-2019 the program will renew the commitment to provide presentations and training to law enforcement and other victim service agencies. We will also commit to increase our fieldwork in the upcoming fiscal year. The Program Coordinator is on call twenty-four hours a day, seven days a week. We will be available for law enforcement call-outs and mass casualty/disaster response for victims. We will continue community outreach by staying involved with the school at the student level through education, education through our local community groups and better training of allied law enforcement agencies. We have over

ten school in Mono County from Kindergarten through grade twelve that we will be aiming for as well as numerous community services organizations. We are committed to attending several trainings this grant year to extend the level of service we can provide to our victims. Our program has expanded substantially over the last year and a half. We plan to purchase a new case management system to help our program continue to grow with efficiency. Our current case management system cannot track statistics. We must manually track and count statistics, which leaves a great amount of room for inaccuracy as well as inefficiency. The substantial amount of time and man power it takes to count statistic takes away from the much-needed time we should be spending with our victims. Our current system also cannot store victim information, which also makes it very difficult to keep track of our caseloads. After much research the case management system we have decided to purchase is ProsicutorbyKarpel. We have visited other District Attorney Offices' that use this system and we have concluded this system will best complement our program. With our expanding program we will also be hiring a full-time Mass Victimization Advocate. This advocate will be specially trained to deploy in the event of a mass victimization disaster. We are currently running our program with 1 full-time Advocate/Program Coordinator, 1 part-time Advocate and an Office Manager/Advocate that devotes 30% of her time to advocacy. With the amount our program has grown this full-time Advocate will be crucial to the continued growth in the program.

The Mono County Victim/Witness Program assists victims of all types of crime. We do not limit our services to any specific crime. Therefore, we receive referrals from several different agencies including: the District Attorney's Office, the Probation Department, the Superior Court, other victim service agencies such as Wild Iris Women's Services, the Mono County Behavioral Health Department, the Mono County Health Department, the Mono County Social Services Department including Child Protective Services, the Mammoth Lakes Hospital and Clinic, as well as law enforcement including the Mono County Sheriff's Department, the Mammoth Lakes Police Department and the local branches of the California Highway Patrol.

Subrecipient: Mono County Subaward #: VW18280260

Referrals are made in person, by telephone or through a written report. All law enforcement reports are routed through the Coordinator for review and outreach is provided to victims as needed.

The program has one volunteer – our retired Victim Witness Coordinator. The volunteer's time is documented on a volunteer sign in sheet. Typical duties include assistance in gathering statistical information and preparing quarterly reports, clerical work and a variety of tasks as assigned by the Coordinator and Deputy District Attorneys.

The program will utilize interpreters from the community and interpreters from Mono County Social Services, and Hispanic outreach workers at Wild Iris Women's Services to communicate with victims and witnesses who speak Spanish. The program will utilize other translators in the community for translation services for non-English speaking victims/witnesses and for the hearing-impaired. Services for elderly and disabled victims of crime are provided appropriate to their special needs. Field visits are provided to a client's home, place of business, or other safe location, whenever necessary to provide services.

The Victim/Witness Office is housed at the following locations:

Mono County District Attorney's Office

Sierra Center Mall, Second Floor

PO Box 2053

Mammoth Lakes, CA 93546

(760) 924-1710

Mono County District Attorney's Office
Courthouse, Main St.
PO Box 617
Bridgeport, CA 93517
(760) 932-5550

After Hours Telephone For Program Coordinator: (760) 920-7290

Implementation

The Mono County Victim/Witness Program will advocate to the District Attorney's Office, law enforcement and other victim service agencies on behalf of victims and witnesses of crime. Meetings will be conducted with each agency at least semi-annually to discuss current needs and to develop strategies for implementation of the Victim/Witness Program objectives.

An operational agreement exists between the Mono County Victim/Witness Program, the Mono County District Attorney's Office, the Mammoth Lakes Police Department, the Mono County Sheriff's Department, the Mono County Behavioral Health Department, the Department of Social Services (including CPS), and Wild Iris Services. These agencies will refer victims and witnesses to the program. Excellent working relationships exist between these agencies. The Mono County Victim/Witness Program, the Mono County Behavioral Health Department, and the Department of Social Services (CPS) provide services to the three VOCA victim groups: sexual assault, domestic violence and children crime victims. Wild Iris Women's Services provide services to sexual assault victims and domestic violence victims.

The Victim/Witness Assistance Program consists of the Program Director/District Attorney, Tim Kendall; the Program Coordinator, Sarah Gillespie; assigned District Attorney Investigator partially paid by funds from the Community Corrections Partnership; a part-time

Subrecipient: Mono County Subaward #: VW18280260

Advocate and one volunteer. With the hope to add a full-time Mass Victimization Advocate to our program.

Our program is ADA compliant. We are able to assist handicapped victims and witnesses. There are handicapped parking spaces in our parking lot and we have an elevator to ensure that people are able to get to our second-floor office.

MONO COUNTY VICTIM/WITNESS 2018-2019 BUDGET NARRATIVE

The Mono County Victim/Witness Program's proposed budget supports the stated objectives and activities for the project by providing 100% of the salary and benefits for the Victim/Witness Coordinator.

The Program Coordinator will strive to meet the stated objectives, which are to reach one hundred fifty new victims, and between one hundred fifty and two hundred continued contacts. The Coordinator will provide mandatory and optional services to victims and witnesses of crime as set forth in Penal Code Section 13835. Direct services will be provided to victims of all types of crime.

The Program Coordinator has been the coordinator for 1 year and 6 months. Her duties include providing direct services to victims and witnesses of crime as well as compiling statistics, and preparing quarterly reports, financial reports, and grant writing as required by Cal OES.

The Coordinator is also a member of the Multi-Disciplinary Team, which focuses on child abuse victims. The team is made up of representatives from several different agencies throughout the county and meets each month to discuss child abuse cases and work together to help the victims. The Coordinator just recently completed The California Forensic Interviewing Training and is qualified to conduct child forensic interviews. The Coordinator is also a member of the Domestic Violence Task Force.

This group meets quarterly to discuss current domestic violence cases in the county and work together to better serve domestic violence victims. The Coordinator is also a member of the Sexual Assault Response Team. The Coordinator is on call twenty-four hours a day, 7 days a week.

The Coordinator will devote 100% of her time to providing direct services to victims and witnesses of crime. This budget year we plan to enhance our program in many different aspects including: updating equipment, continuing community outreach, attending trainings and working with and educating allied agencies to insure the best possible outcome for the victims and witnesses we serve. We hope to increase our team by hiring a full-time Mass Victimization Advocate. We are going to purchase a new case management system to help our program run more efficiently and to obtain accurate statistics. We are also going to complete the funding for the purchase of a new victim witness vehicle. The vehicle was purchased through the county general fund and billed to the grant in two separate invoices to allow for a portion of the purchase to be paid with the 2017-2018 monies and the remaining amount to be paid within this grant year. This is the only vehicle our program has.

Subcontracts will not be utilized in this fiscal budget. If any mid-year salary or benefit adjustments are needed, we will submit a 223- modification form to Cal OES.

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Mono County				Subaward #: VW18280260			
A. Personal Services – Salaries/Employee Benefits	17 VOCA	17 VOCA Match	17 VWAO	18 VOCA	18 VOCA Match		COST
Coordinator Salary							\$0
\$5,331.00 x 6 = \$31,986							\$0
\$5,461.00 x 6 = \$32,766	\$64,752						\$64,752
Total = \$64,752.00							\$0
Coordinator Benefits	\$18,059						\$18,059
PERS: \$5,331.00x10 445%x2x6= \$6,681.88							\$0
\$5,461.00x10 445%x2x6=\$6,844.82							\$0
Dental: \$95.00x12= \$1,140.00							\$0
Vision: \$34.00x12= \$408.00							\$0
EBS: \$4.50x12=\$54.00							\$0
Life Insurance: \$2.08x12= \$24.96							\$0
Survivor: \$2.00x12= \$24.00							\$0
Unemployment: \$5,331.00x3%=\$159.93x6=\$959.58							\$0
\$5,461.00x3%= \$163.83x6=\$982.98							\$0
State Disability: \$5,331.00x1.45%=\$77.30x6=\$463.80							\$0
\$5,461.00x1.45%=\$79.18x6=\$475.11							\$0
Office Manager Salary	\$17,905						\$17,905
\$4,953.00x10= \$49,530.00							\$0
\$5,076.00x2=\$10,152.00							\$0
\$59,682x30%=\$17,905.00							\$0
Office Manager Benefits	\$5,204						\$5,204
PERS \$4953 x10.445 %X2 x 10x 30%=\$3104.00							\$0
\$5076x10 445%x2x2x30%=\$636.22							\$0
total: \$3740.22							\$0
Dental- \$95.00 x 12 x 30%= \$342.00							\$0
Vision- \$32.00 x 12 x 30%=\$115.00							\$0
EBS Admin. Fee- \$4.50 x 12 x 30%=\$16.00							\$0
Life Insurance - \$2.08 x 12 x 30%=7.49							\$0
Survivor-\$2.00 x 12 x 30%=7.20							\$0
Unemployment: \$4953x3%x10x30%=\$445.77							\$0
\$5076x3%x2x30%=\$91.37							\$0
State Disability -\$4953x1% x 10 x 30%=\$148.59							\$0
\$5076x1%x2x30%=\$30.46							\$0
Medicare ER- \$4953x1.45% x 10x 30%=215.45							\$0
\$5076x1.45%x2x30%=\$44.16							\$0
Part-time Victim Advocate	\$19,200						\$19,200
\$20 per hour/ 80 hours p/m=\$1,600 x12 = \$19,200							\$0
Part-Time advocate Benifits	\$3,130						\$3,130
PERS: 10 445%x 12=\$2,005.44							\$0
Medicare ER: 1.45%x12=\$278.40							\$0
EBS Admin. Fee: \$4.50x12= \$54.00							\$0
Survivor: \$2.00x 12= \$24.00							\$0
Unemployment: \$1600x3%x 12= \$576.00							\$0
State Disability: \$1600 x1%x 12= \$192.00							\$0
MVA Advocate				\$44,448			\$0
Salary range 60: \$3,704-\$4,501							\$0
\$3,704 per month: \$44,448 per year							\$0
Benefits				\$37,329			\$0
Pers: \$3704x10 445%x12=\$9,285.24							\$0
Medical: \$2000x12=\$24,000							\$0
See second page.							\$0
Personal Section Totals	\$128,250	\$0	\$0	\$81,777	\$0	\$0	\$210,027

BUDGET CATEGORY AND LINE ITEM DETAIL

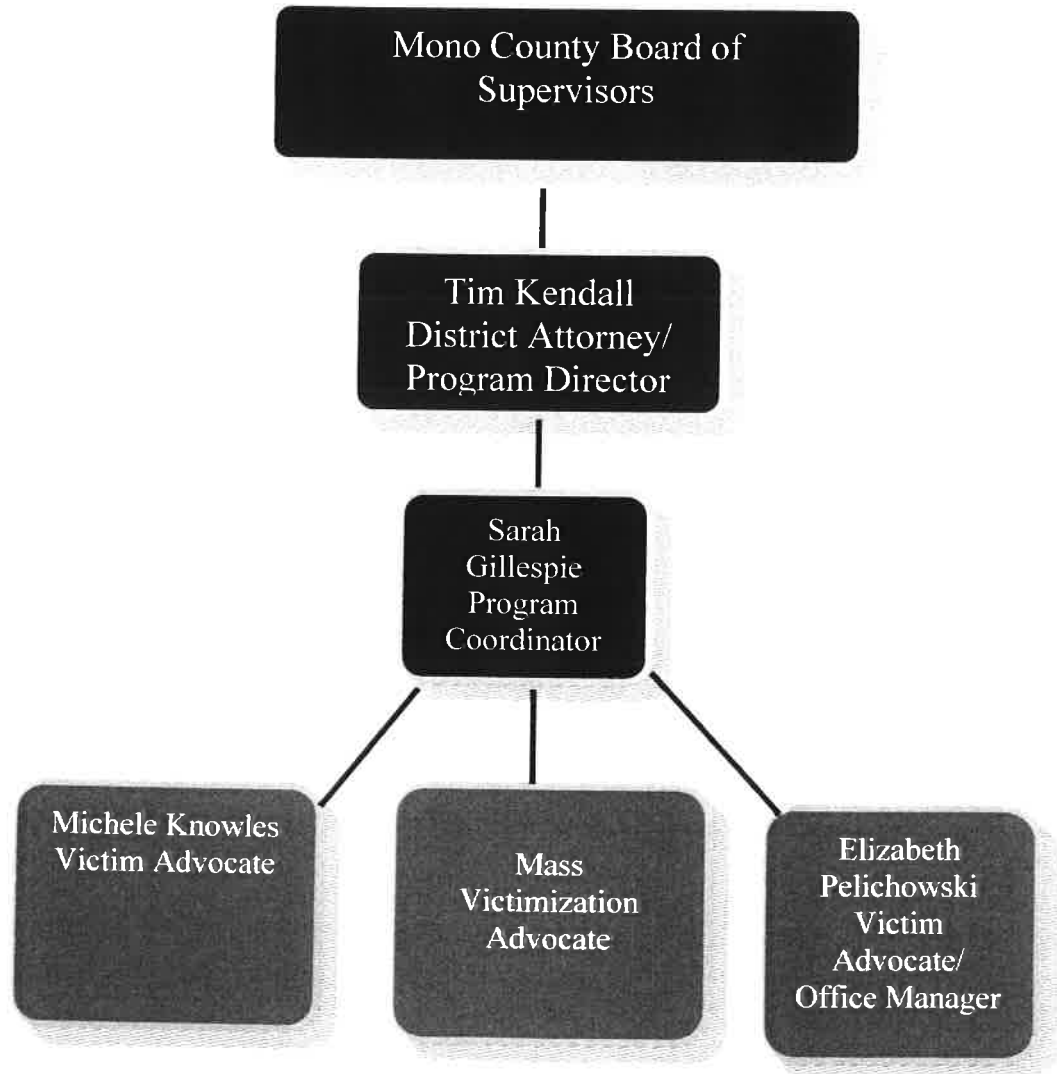
Subrecipient: Mono County				Subaward #: VW18280260			
A. Personal Services – Salaries/Employee Benefits	17 VOCA	17 VOCA Match	17 VWAO	18 VOCA	18 VOCA Match		COST
							\$128,250

Operational Agreements (OA) Summary Form

List of Agencies/Organizations/Individuals	Date OA Signed (xx/xx/xxxx)	Dates of OA	
		From:	To:
1. Mono County District Attorney	10/12/18	10/01/18	to 09/30/19
2. Mammoth Lakes Police Department	10/12/18	10/01/18	to 09/30/19
3. Mono County Sheriff's Department	10/12/18	10/01/18	to 09/30/19
4. Wild Iris Services	10/12/18	10/01/18	to 09/30/19
5. Department of Social Services	10/12/18	10/01/18	to 09/30/19
6. Mono County Behavioral Health	10/12/18	10/01/18	to 09/30/19
7.			to
8.			to
9.			to
10.			to
11.			to
12.			to
13.			to
14.			to
15.			to
16.			to
17.			to
18.			to
19.			to
20.			to

Use additional pages if necessary.

Mono County Organizational Chart



**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

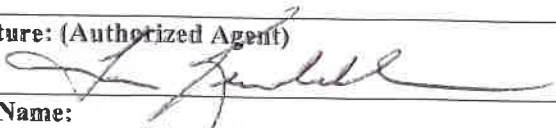
Subrecipient: Mono County		DUNS #: 086128832	FIPS #: 956005661
Grant Disaster/Program Title: Victim/Witness Assistance Program			
Performance Period: 10/01/18 to 9/30/19	Subaward Amount Requested: \$ 328,409 289,553		
Type of Non-Federal Entity (Check Box)	<input checked="" type="checkbox"/> State Gov.	<input type="checkbox"/> Local Gov.	<input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe

Per Title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	<3 years
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
3. How many grants does your organization currently receive?	1-3 grants
4. What is the approximate total dollar amount of all grants your organization receive?	200,000
5. Are individual staff members assigned to work on multiple grants?	Yes
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	No
7. How often does your organization have a financial audit?	Annually
8. Has your organization received any audit findings in the last three years?	No
9. Do you have a written plan on how you charge costs to grants?	Yes
10. Do you have written procurement policies?	Yes
11. Do you get multiple quotes or bids when buying items or services?	Always
12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.?	3-5 years
13. Do you have procedures to monitor grant funds passed through to other entities?	N/A

Certification: <i>This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.</i>	
Signature: (Authorized Agent) 	Date: 10-18-18
Print Name: Tim Kendall	Print Title: District Attorney



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: CDD

TIME REQUIRED

SUBJECT Letter of support for the June Lake Loop Bicycle and Multi-Modal Improvement Project

PERSONS APPEARING BEFORE THE BOARD

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Letter of support for a Caltrans Adaptation Planning Grant application to develop a bicycle and multi-modal improvement plan for the June Lake Loop (SR 158).

RECOMMENDED ACTION:

Approve, with any desired modifications, and authorize the Chair to sign the letter of support for a Caltrans Adaptation Planning Grant application.

FISCAL IMPACT:

None at this time.

CONTACT NAME: Gerry LeFrancois

PHONE/EMAIL: 7609241810 / glefrancois@mono.ca.gov

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download
staff report
Sustainable Transportation Planning Grant Support Letter

History

Time	Who	Approval
11/15/2018 5:41 AM	County Administrative Office	Yes
11/14/2018 3:49 PM	County Counsel	Yes

11/15/2018 4:51 PM

Finance

Yes

Mono County Community Development Department

PO Box 347
Mammoth Lakes, CA 93546
760.924.1800, fax 924.1801
commdev@mono.ca.gov

PO Box 8
Bridgeport, CA 93517
760.932.5420, fax 932.5431
www.monocounty.ca.gov

Date: November 20, 2018

To: **Mono County Board of Supervisors**

From: Kelly Karl, Assistant Planner
Gerry LeFrancois, Local Transportation Commission Co-Executive Director

RE: **Letter of support for the June Lake Loop Bicycle and Multi-Modal Improvement Project**

RECOMMENDED ACTION

Approve, with any desired modifications, and authorize the Chair to sign the attached letter of support for a Caltrans Adaptation Planning Grant application to develop a bicycle and multi-modal improvement plan for the June Lake Loop (SR 158).

FISCAL IMPACT: None at this time.

BACKGROUND

At the May 2018 June Lake Citizens Advisory Committee (CAC) meeting, Caltrans District 9 staff provided an update on an upcoming Capital Preventative Maintenance (CAPM) Project on the June Lake Loop (SR 158). CAPM projects have a limited scope, and the primary purposes are to repair pavement exhibiting minor surface distress and extend the service life of pavement by a minimum of five years.

Feedback from the June Lake CAC indicated interest in improving bicycle facilities on SR 158 for safety, recreational/tourism, and livability purposes. Past discussions with the June Lake community have also included pedestrian improvements and work through an active trails committee.

Caltrans had planned to return to the June Lake CAC to discuss potential bicycle improvements once the fate of SB1 funds were known. Had SB1 been repealed with the November vote, this project may not have materialized. Now Caltrans expects the project to go forward, however, the estimated cost significantly exceeds the planned cost of the original project.

DISCUSSION

Because of cost constraints, expanded bicycle improvements are unlikely to be included in this CAPM project; however, future projects are possible. In addition, Caltrans suggested the County conduct a community-based planning process to ensure community support for potential bicycle and any other multi-modal measures, similar to the very successful Bridgeport Main Street Revitalization Project. A Caltrans Adaptation Planning Grant Program is currently open for applications and could fund this project; applications are due November 30. The Board is requested to provide a letter of support for the application. If awarded, the project may be implemented through the Local Transportation Commission, which can also provide the 11.47% required match.

The Community Development Director has reviewed this staff report. For questions, please contact Wendy Sugimura (760-924-1814, wsugimura@mono.ca.gov) or Gerry LeFrancois (760-924-1810, glefrancois@mono.ca.gov).

ATTACHMENTS

1. Letter of Support for the June Lake Loop Bicycle and Multi-Modal Improvement Project



Jennifer Halferty ~ District One Fred Stump ~ District Two Bob Gardner ~ District Three
John Peters ~ District Four Stacy Corless ~ District Five

BOARD OF SUPERVISORS COUNTY OF MONO

P.O. BOX 715, BRIDGEPORT, CALIFORNIA 93517

(760) 932-5533 • FAX (760) 932-5531

Shannon Kendall, Clerk of the Board

November 20, 2018

RE: LETTER OF SUPPORT FOR THE JUNE LAKE LOOP BICYCLE AND MULTI-MODAL IMPROVEMENT PROJECT

Dear Caltrans Division of Transportation Planning:

The Mono County Board of Supervisors supports efforts to secure a Caltrans Sustainable Transportation Planning: Sustainable Communities grant to develop a bicycle and multi-modal improvement plan for the June Lake Loop (SR 158). We understand the project will develop recommendations for and establish community consensus on desired bicycle and multi-modal features aimed at enhancing the safety, mobility, and connectivity of non-motorized users travelling the June Lake Loop. By preparing this plan, the County and Caltrans will be better positioned to make infrastructure improvements on the June Lake Loop as well as apply for additional implementation grants.

Mono County is proposing to partner with the nonprofit Local Government Commission to organize a multi-day charrette process to engage residents, business owners, recreational user groups, and Caltrans staff in this important work. The charrette will explore opportunities to incorporate multi-modal design features such as crosswalk enhancements, connectivity between key community destinations and existing trail amenities, as well as bicycle specific improvements (e.g., wider shoulders, signage, sharrows, uphill bike lanes, etc.).

Mono County is committed to creating more active and healthy environments in our communities. We believe that providing safe pedestrian facilities around June Lake will not only improve conditions for all the users of SR 158 but will also contribute to creating a more livable, healthy and vibrant community for all of our residents and visitors.

We strongly encourage Caltrans to provide Mono County with this important grant and look forward to working with you on projects that improve transportation options for our residents and visitors.

Sincerely,

Bob Gardner

Chair



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

TIME REQUIRED

SUBJECT Board of Supervisors Update
Newsletter - July - September 2018

**PERSONS
APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Newsletter of County-wide updates.

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME:

PHONE/EMAIL: /

SEND COPIES TO:

MINUTE ORDER REQUESTED:

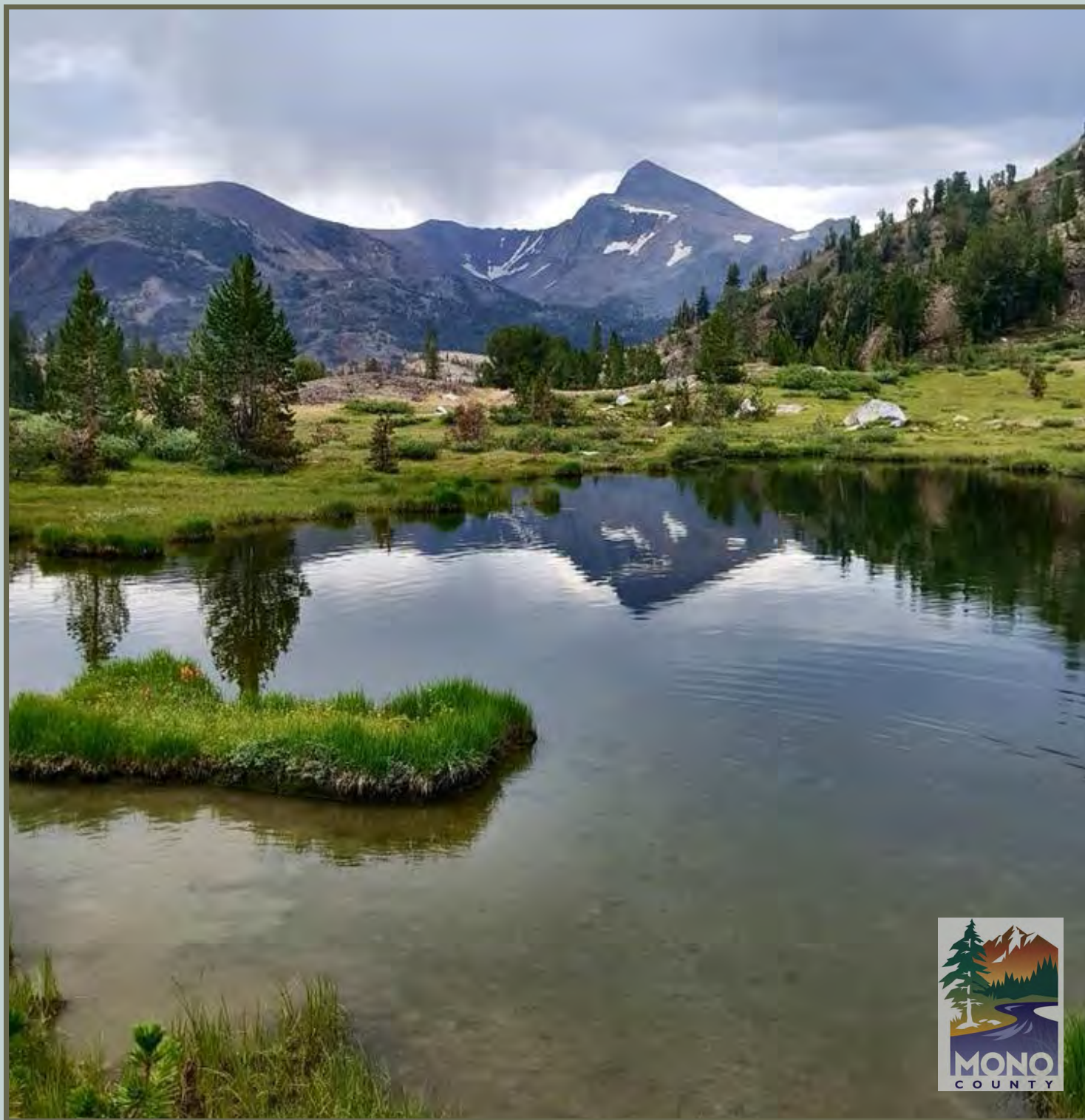
YES NO

ATTACHMENTS:

Click to download
BOS Update
Update, Part 2

History

Time	Who	Approval
11/15/2018 5:43 AM	County Administrative Office	Yes
11/14/2018 6:09 PM	County Counsel	Yes
11/15/2018 4:23 PM	Finance	Yes



Board of Supervisors Update

July-September 2018

Summer into Fall Activities



Hair gets lighter
Skin gets darker
Air gets warmer
Drinks get colder
Music gets louder
Daylight gets longer

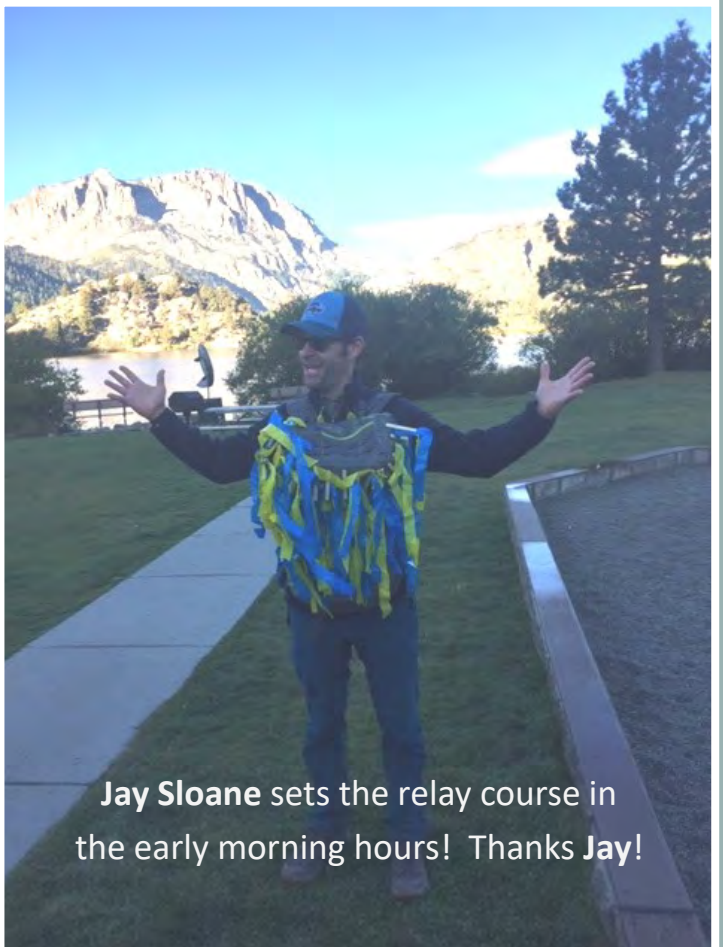
Life is better!

2018 Relay and Picnic!

September 13th @ Gull Lake Park



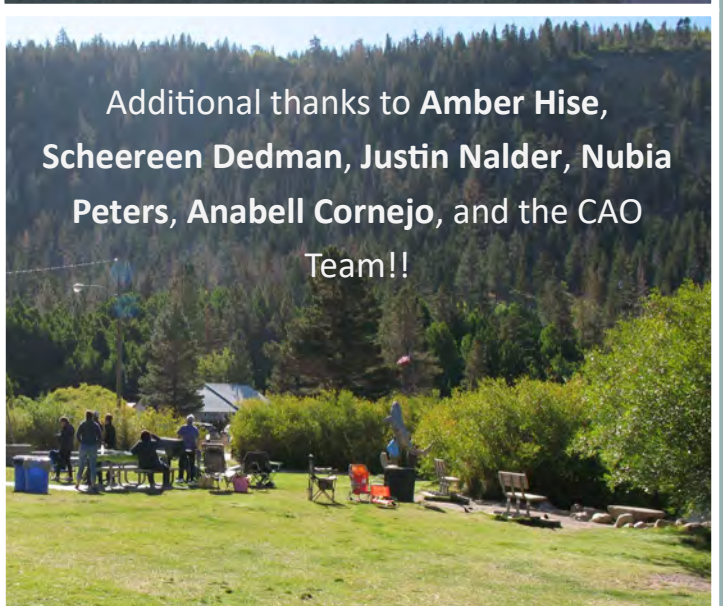
Pre-Event Course Lay-out!



Jay Sloane sets the relay course in the early morning hours! Thanks Jay!



A BIG THANK YOU to our wellness event sponsor, **Trindel Insurance Fund!** Hip-Hip-Hurray!!



Additional thanks to **Amber Hise, Scheeren Dedman, Justin Nalder, Nubia Peters, Anabell Cornejo, and the CAO Team!!**



START 9:14

RESULTS

1:06:05

Team Name	1	2	3	4	5
Sheriff	18:07(1)	36:01	56:34	1:09:27	1:30:39
Finance	37:51	1:10:19	1:40:52	2:08:17	2:29:09
Health Dept 1	38:14	1:02:02	1:37:40	2:04:07	2:17:15
B.O.S.	30:48	1:09:06	1:17:43	1:51:02	2:08:54
Sandbaggers	18:07(1)	31:52	1:02:23	1:40:11	2:07:57
Health Dept 2	18:57	43:04	1:10:41	1:27:13	1:57:02
TEAM CDD	21:58	46:49	1:06:05	1:23:10	1:36:39
BEHAVIORAL HEALTH	25:34	52:46	1:03:24	1:17:57	1:54:05
Health Dept 2	19:57	43:39	1:06:08	1:24:40	1:39:43
IT	19:56	43:39	1:06:05	1:24:40	1:39:43
Joel	19:27	43:36	1:05:36	1:24:05	1:39:09
Pedro					







Welcome

TO OUR
NEW
EMPLOYEES!



STEPHANIE CHAVEZ
Sheriff's Office



KYLA CLOSSON
Social Services



JACINDA CROISSANT
Public Health



JENNIFER HALFERTY
Board of Supervisors



JESSICA BOWLING
Public Health

BETTY HATHAWAY

Behavioral Health



OLIVIA HOLLENHURST

Information Technology



RILEY NEILSON

Public Works



JOSH PULIDO

Emergency Medical Services



PAM SMITHEMAN

Public Works



MS. HALFERTY GOES TO BRIDGEPORT!



Above: On July 10th, newly elected District 1 Supervisor **Jennifer Halferty** was sworn into office. Seen here with Senior Deputy Board Clerk, **Scheereen Dedman**.

Left: Board members celebrate Supervisor Halferty's arrival & a complete board with a picture.

(L-R: District 2 Supervisor **Fred Stump**, Board Chairman District 3 Supervisor **Bob Gardner**, District 1 Supervisor **Jennifer Halferty**, District 5 Supervisor **Stacy Corless**, District 4 Supervisor **John Peters**.)

Beautiful Music in the Board Room



Rebecca Hang (far right), of the Felici Trio, performs with Brian Schuldt (far left) and two students in the Board of Supervisor's September 18th meeting.

BRIDGEPORT TURNS OUT FOR THE TROOPS!!



'Word gets around in a small town'....
Apparently, so does patriotism!





Public Safety Officer, **Nick Way**'s brother was one of about 1,000 Marines heading from Twenty-nine Palms and San Diego, through Bridgeport, to Mountain Warfare Training Center. He and his mom organized some people to come out and hold signs to support them. The numbers quickly grew to around 150 people gathered on Main Street! After this training, many of those Marines will deploy. We thank them for their service, wish them well and to come home safe! (Picture credits: **Nick Way**)



Animal Control

Richard Malekos, of the Antelope Valley Lions Club, delivered a generous donation to Mono County Animal Control. Every year the Lions make annual donations to a worthy organization. This year Animal Control was the lucky recipient!



*Thank you, Antelope Valley
Lions Club!!*



Sage Lovelace (left) and Angelle Nolan (right) gratefully receive the goodies from Richard Malekos (center).

Economic Development

TOURISM

After the negative impact of smoke and road closures on tourism and the local business community this summer, we ramped up the Fall Color marketing campaign significantly -- and the good news is that businesses are telling us it's been a very successful autumn to date! For the past few weeks, **Liz Grans** has recorded a weekly Fall Color update on KMMT and was interviewed on KMMT's Arts Culture and Entertainment show at the beginning and end of the season, and she distributed weekly reports by email to all stakeholders for their guests. She also produced a [fall e-newsletter](#) which went out to almost 23,000 subscribers.

Our [Mono County Fall Color](#) website page has received almost 43,000 hits in the last 30 days. Our social media channels have referred more than 9,200 people to our website in the past 2 weeks. Thanks to **Jeff** for his hard work on the digital and social media marketing.

In partnership with Visit Bishop and Visit Mammoth, Instagram influencers **Ryan Longnecker**: <https://www.instagram.com/ryanlongnecker/>, **Jude Allen**: https://www.instagram.com/jude_allen/, and **Jordan Herschel**: <https://www.instagram.com/jordanherschel/> traveled to the Eastern Sierra two weeks ago to shoot and promote the fall colors to their 1 million+ followers.

Once again we sponsored www.CaliforniaFallColor.com and our weekly updates have been well promoted and received on this popular "leaf peeping" channel:

Numerous media outlets have picked up our fall color reports since September, including MSN and Insider, NY Times, LA Times and many more – and congrats to awesome photographer **Jeff Simpson** as his images made the LA Times on a couple of occasions, as well as the Record Courier and Reno Gazette: <http://www.latimes.com/travel/la-tr-california-autumn-20180921-story.html> /; <https://www.recordcourier.com/news/local/fall-foliage-lights-up-mono-county/>; <https://www.rgj.com/story/life/outdoors/2018/09/26/heres-where-and-when-fall-color-peaking-eastern-sierra/1437869002/#> =



California Fall Color

Home Blog

AN UNBELIEVABLE AUTUMN

Walker River (10/24/18) Jeff Simpson/Mono County Tourism

California's 2018 Autumn will be remembered as one of the most unbelievably beautiful and long-lasting, **ever**. In Mono County, the show has simply been beyond exclamation.

That's encouraged Mono County's Alicia Vennos to declare that her destination, our previous pick as "Peak of the Week," should get its life extended another week. "thanks to gorgeous fall weather with little to no wind."

Alicia certainly has a point. Many of Mono County's fall color hotspots deserve a "GO NOW!" designation.

Being that it is so close to Halloween, we don't want a curse placed on us that would upset fall spirits. So, we urge you to GO NOW! As, this well could be the last call for Peak viewing



LA TIMES: Some of the state's first fall colors are bursting in the upper reaches of Mono County. (Jeff Simpson)

- ☞ **Liz** coordinated a media trip for **Kara Harms**, travel blogger, who produced this piece about fall colors in the June Lake Loop: <https://whimsysoul.com/june-lake-fall-foliage/>
In partnership with Tuolumne County, she also coordinated a media trip for **Ken Lee**, Rider Magazine. Ken drove the “High Sierra Loop”, coming to Mono County via SR 108 Sonora Pass and returning to Tuolumne County via SR 120 Tioga Pass.
In partnership with Visit Mammoth, she organized a media trip for **Nick King** from KMPH Fox Fresno who produced a segment called “In Your Backyard” about fall visits to the Eastern Sierra via SR 108 Sonora Pass and returning to Tuolumne County via SR 120 Tioga Pass.



🌲 In other PR news, Mono Lake was featured on page 5 in Backpacker magazine – which has an audience of 1.4 million...!

14 APRIL 26- MAY 2, 2018 **LIFE'S**

Travel

Mono County is Calling and I'm Listening

Greg ARAGON
gregsgotawaytravel@gmail.com

Mono County is not only home to one of the most iconic lakes in the world, the region also boasts exciting outdoor adventures, a legendary ghost town, one-of-a-kind basalt towers, a rare waterfall, and more.

With these attractions in mind, I am currently planning a getaway to the area for late spring / early summer. I think it should take about a week to drive to the area and see the destinations I want. As I look forward to the journey, I would like share some of what I have in mind.

The first spot on my itinerary is Mono Lake. Located just east of Yosemite National Park, the lake and the town of Lee Vining, which sits on its western shore, have been the backdrop for numerous films, standing in for the Old West, alien planets and the Himalaya in films like Tom Cruise's Oblivion, Star Trek IX, True Grit and Indiana Jones and the Temple of Doom.

The lake is three times saltier than the ocean and is known for its alien-looking tufa towers and unique wildlife. Visitors can walk among the towers, paddle the saline waters in a kayak or canoe, or join a hike or bird watching trip with the Mono Lake Committee. The lake is also popular with gulls, as about 85 percent of the bird's California breeding population nests at the reservoir each year.

About 30 miles northeast from Mono Lake is another eerie must-see destination - the silent remains of a once booming gold rush town known as Bodie. While here visitors can peek in the windows of forgotten structures such as an old school house, church, saloon, barber shop, firehouse, jail and general store. Inside these buildings are bottles, desks and other relics. The brave can also take a walk through the old cemetery on the hill.

Read More at,
ArcadiaWeekly.com,
MonroviaWeekly.com,
PasadenaIndependent.com

👂 And in Beacon Media News, the headline of our dreams: “Mono County is Calling and I’m Listening”...!

✦ **Alicia Vennos** was honored to represent the High Sierra Visitors Council (HSVC) at IFTM Top Resa travel trade marketplace in Paris, France, Sept. 26-29th. Over 33,000 travel agents, tour operators and travel industry professionals attend the show. The High Sierra was part of Visit California's exhibit along with tourism DMO's from Los Angeles, San Francisco, Greater Palm Springs, Santa Monica, Sonoma County, and



Visit California delegation at IFTM Top Resa 2018

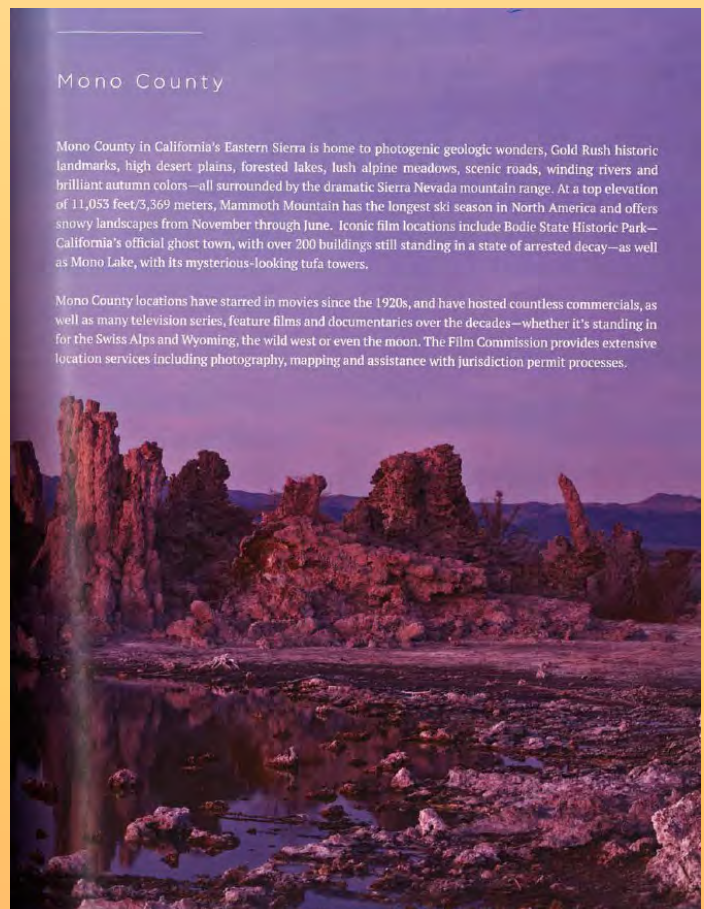
Universal Studios. In person sales calls and educational presentations at tour operator/travel agent offices in Paris before and after the show were very productive. Interest in our region was enthusiastic and the most frequently asked questions were regarding the Ferguson Fire and if there was damage to the Yosemite Valley region and landscape. All regional members of the High Sierra Visitors Council are seeing growth in visitation from France, and marketing to the French and European travel industry is a priority for the HSVC.

FILM COMMISSION

🎬 The location team for the **Ben Affleck** movie (working title: *Triple Threat*) that filmed for several days here in Mono County this past spring has been named finalists in the California On Location Awards (COLA) category for Location Team of the Year for Feature Films. The COLA event is akin to the Academy Awards for the Location industry so sincere congratulations to **Catherine Kagan** and her team – the finalists and winners will be celebrated at the COLA event on Dec. 16th at the Beverly Hilton.

⚙️ As Film Commissioner and Mono County Tourism director, **Alicia** was invited to participate in a Film Tourism meeting with Visit California and the California Film Commission this week in Los Angeles. The primary focus was the Bollywood film industry in India, as Indian cinema drives significant tourism to movie locations. A panel of key producers with Bollywood and southern India attended and provided insights into attracting this market to California.

📺 Mono County and Mammoth Lakes are nicely covered in Visit California's new "Film Producers' Guide to California: An Introduction to the Golden State's Cinematic Potential" publication – and the story of how the **Tom Cruise** movie *Oblivion* filmed in June Lake is featured:





Oblivion Finds a Hideaway in Mono County

In 2012, Mono County in California's Eastern Sierra was enduring the devastating impacts of both the Great Recession and drought. On top of that, the tiny village of June Lake—located 20 miles north of Mammoth Lakes—had just received crushing news: June Mountain Ski Area would be closed for the 2012-13 ski season due to financial hardships. The bright light in the darkness was none other than "Oblivion" (2015), a post-apocalyptic sci-fi thriller starring Tom Cruise and Morgan Freeman.

The Universal Pictures production had been scouting the globe for a gorgeous, remote, yet easily accessible alpine lake to serve as the setting for the protagonist's secret oasis. It needed to be a completely isolated location that would allow for the construction of a cabin and the crash landing of an aircraft, plus accommodate nearby staging for 120 cast and crew. At the eleventh hour, the Mono County Film Commissioner contacted the owner of a private property in June Lake known as Black's Pond. It featured a pristine two-acre lake and lush grassy meadows surrounded by tall trees and dramatic mountain vistas. It was exactly what the production was looking for.






Even better yet, the production team, actors and director were ecstatic to be able to film the final segment of the movie in their home state of California. Location professionals worked closely with the adjacent neighbors and the community was delighted to welcome the production. The Inyo National Forest also stepped up quickly to assist in the permit process, and the cooperation between all entities made for a seamless, successful experience. After six weeks of prep, filming and clean-up, "Oblivion" generated over \$1.3 million in local revenues.

ECONOMIC DEVELOPMENT



Mono County ED is sponsoring the [Mammoth Lakes Housing Summit](#), Nov. 2-4. Along with Community Development and Behavioral Health, we will have a presence at the opening evening of the Summit. Thanks to **Amanda Greenberg** and **Bentley Regehr** for their assistance, and to **Mammoth Voices**, **Mickey Brown**, **Sandra Moberly**, **Patricia Robertson** and the

entire committee for organizing what promises to be an informative, timely event. All are welcome.

-  We are working with Mono County **Public Health**, **Sheriff Braun**, **Nate Greenberg** and the **IT Team**, Mammoth Lakes Tourism, Inyo National Forest, Mammoth Lakes Hospital, Town of Mammoth Lakes, Caltrans, Great Basin Unified Air Pollution Control District and a number of other local entities to collaborate on a Public Information resource webpage which provides a one-stop-shop for the public to find all links to appropriate information sources. This page will live on the Mono County website, and **Nate** and the **IT team** are assisting in the design and functionality. Thanks to all.
-  The Business Retention & Expansion Survey is complete. Working with Mammoth Lakes Chamber of Commerce, eighty businesses in Mono County and Mammoth Lakes were interviewed this past spring and summer. The survey had almost 100 questions and our sincere appreciation is extended to all the business owners and managers who took time out of their busy schedules to meet with us in person and over the phone, or to complete the survey online. The Executive Summary of the results are attached.
-  The visitor interview portion of the Economic Impact & Visitor Profile Study is wrapping up this week as the Autumn season survey wave concludes – many thanks to the survey team for interviewing hundreds of visitors in each season, in various locations throughout the county. Next step will be the analysis by independent consultant **Lauren Schlau**.
- f** [Mono County Economic Development Facebook Page](#) has almost 2,000 followers and posts include media coverage, upcoming events, trainings, and more useful information for residents, businesses, and visitors.
-  **Jeff** attended the CALED Rural Development Summit, Sept. 25-26 in Tehachapi, which addressed rural specific economic development issues and opportunities...as well as the SBDC Procurement Conference on Sept. 27 in Bakersfield.
-  The Mono County Fish & Wildlife Commission's November meeting has been postponed and will be rescheduled. For more information, please contact **Jeff Simpson** at jsimpson@mono.ca.gov

On to new horizons.....

Nancy Mahannah, Health Program Director/Public Health Nurse, poses with the Board of Supervisors after a Board Resolution was done in honor of her 17 years of service!

Congratulations and happy retirement, Nancy!



Krista Cooper is recognized by the State with the Distinguished Award!



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN J
GOVERNOR

June 21, 2018

Krista Cooper, Supervisor
Mono County Dept of Social Services
Po Box 2969
Mammoth Lakes, CA 93546

Dear Ms. Cooper:

On behalf of the California Department of Social Services, we would like to recognize and thank you for your contribution to the implementation of Safety Organized Practice (SOP) within your county as well as your valuable service to Mono County's children and families.

The California Department of Services mission is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The SOP is a practice approach that supports this mission, and we very much appreciate your championing this approach with both colleagues and the children and families you serve.

In recognition of your outstanding service to the field, you have been nominated by your colleagues for the Distinguished Award for Safety Organized Practitioner, which is to be awarded at the California Statewide Safety Organized Practice Conference on June 26-27, 2018. The specific details of your nomination submitted by your colleagues includes:

Krista Cooper, Mono County, is credited by colleagues for her role in implementing and bringing Safety Organized Practice "to life" in a relatively short amount of time. Maintaining a steady vision about the practice she wants to see, Cooper has initiated a RED (Review, Evaluate, Direct) team in her small county, as well as a group consultation process that involves using the Consultation and Information Sharing Framework to review challenging cases and referrals. Krista recognizes the parallel between Safety Organized Practice with families to supervising a staff of social workers, and she continues work on ways to improve her ability to serve both.

Thank you for your service to California's children and families and for your ongoing contribution to the continuous quality improvement of child welfare services.

For further information, you may contact me at (916) 657-2614, or Heather Pankiw, Manager of the Title IV-E Waiver Unit, at (916) 651-8129.

Sincerely,

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

c: Kathryn Peterson, Director



Congratulations!

Krista on receiving the award: "The Safety Organized Practice conference presentation was great and it was such an honor to receive this award. As I have told others, this award would not have been possible if it weren't for the support from management and hard work of staff to continue to implement SOP in our Child Welfare practice. In addition, the support of the coaching staff, Chellie Gates and Peggi Cooney, from UC Davis, have been fantastic and have been a great asset to our SOP practice."

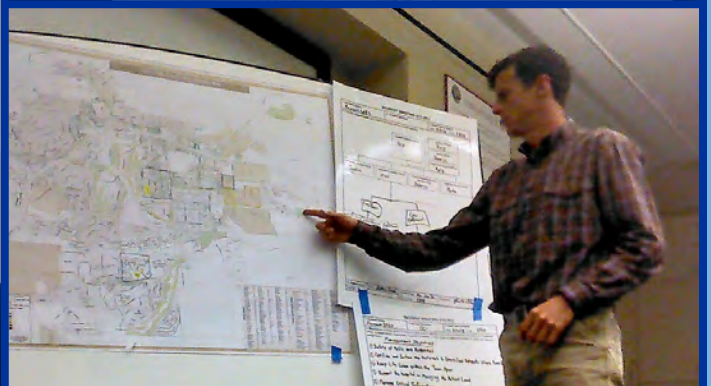
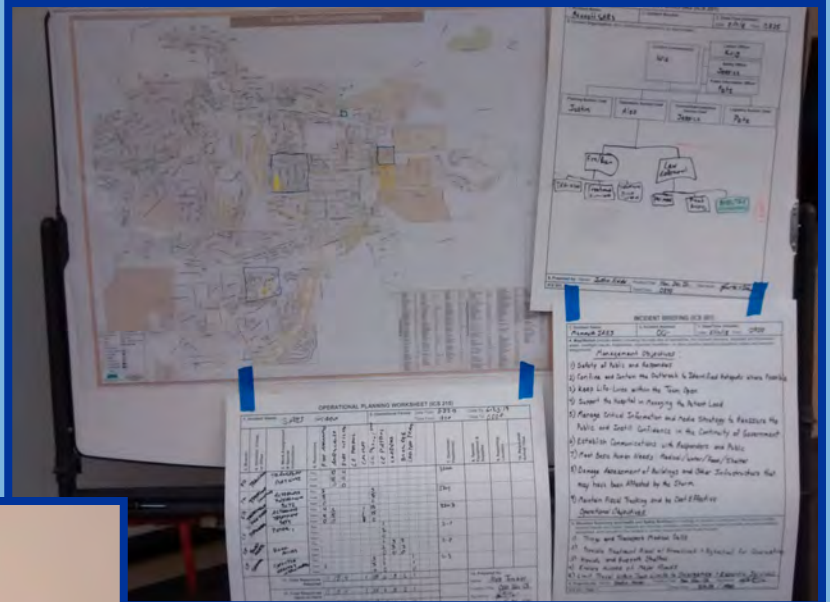
SOLID WASTE

Mono County's Solid Waste Division continues to be proactive in addressing new state legislation on recycling and diversion mandates through participation in the Environmental Services Joint Powers Authority (ESJPA). There is an existing challenge of unfunded mandates and the need for certain considerations for rural counties.



All-Hazards Incident Management Team Preparedness Training

Shown clockwise: Maps & forms used in training exercises; **Justin Nalder** (Solid Waste) explains his team's tactics; **Ales Tomaier** (formerly Mono Co EMS) & **Jami Jarrett** (IT) collaborate with their team; **Jessica Workman** (Finance) & **Jami** admire the structural quality of their team's newspaper bridge; **Joel Rathje** (TOML Trails), **Dusty Beavers** (Public Health) & **Bob Rooks** (formerly Mono Co EMS) look on while the CalOES trainer trains during the exercise.



Cleanin' up in Bridgeport!

at the 2nd Annual Bridgeport Clean Up Days



Clockwise, starting above: **Megg Hawkins** models the latest safety wear in Trash Clean Up, while **Tony Dublino** and **Jason Davenport** masterfully display their dexterity with the trash grabbers. Upper right: **Jessica Workman** and **Stephanie Butters** pause for smiles on Twin Lakes Rd. Lower Right: I.T.'s **Jami Jarrett** and **Kirk Hartstrom** show how to get it done! (Photo Credits: **Justin Nalder**)

Surprise!!



After decorating her office, Leslie's staff got a little carried away celebrating her birthday.....!

FORO LATINO

DÍA DE CAMPO EN NUESTRAS MONTAÑAS



**Sábado 15 de Septiembre
2018**

**11:00 am- 2:00 pm
Shady Rest park**

El comité cultural de Salud Mental los invita a un día lleno de diversión para toda la familia

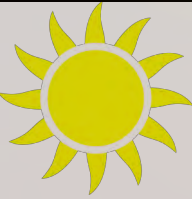




- ~Habrá comida gratuita
- ~Ballet Folklórico
- ~Juegos para todas las edades
- ~Información sobre las agencias en nuestra comunidad


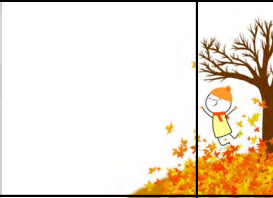

Para mayor información por favor comuníquese con Sofía o Bertha (760) 924-1740

Evento auspiciado por la Proposición 63 del Departamento de Salud Mental del Condado de Mono

The Cultural Outreach Committee of Mono County Behavioral Health invites you to our event "Picnic in our Mountains" Free Food, Folkloric Ballet, games for all ages, and information on various agencies in our community. Please note that this event will be primarily in Spanish. All are invited to learn about the Latino culture in our community.

September 15th, 2018
11:00 am – 2:00 pm
Shady Rest Park

SUN	MON	TUES	WED	THUR	FRI	SAT
						1
DESCRIPTION OF EACH ACTIVITY IS ON THE BACK					Reminder: <u>no yoga this month.</u> Yoga will return in <u>OCTOBER</u>	
2	3	4	5	6	7	8
	LABOR DAY 			<u>Circulo de Mujeres</u> 5:30pm-7:00pm <u>Espacio Creativo</u> 5:30pm-7:00pm		
9	10	11	12	13	14	15
		<u>Club House Live 3:30-5:30</u>	<u>Club House Live 3:30-5:30</u> <u>Small Steps Big Difference (MCBH office)</u> 5:15pm-6:30pm	<u>Club House Live 4:00-5:30</u> <u>Circulo de Mujeres</u> 5:30pm-7:00pm <u>Espacio Creativo</u> 5:30pm-7:00pm		
16	17	18	19	20	21	22
		<u>Club House Live 3:30-5:30</u>	NO CHL <u>Small Steps Big Difference (MCBH office)</u> 5:15pm-6:30pm	NO CHL No habrá grupo de circulo de mujeres o espacio creativo		
23	24	25	26	27	28	29
		<u>Club House Live 3:30-5:30</u>	All staff training No activities	All staff training No activities		A service of Mono County Behavioral Health and Proposition 63
30						

SUN	MON	TUES	WED	THUR	FRI	SAT
				1	2	3
DESCRIPTION OF EACH ACTIVITY IS ON THE BACK				Club House Live 3:30-5:30		
	4	5	6	7	8	9
		Club House Live 3:30-5:30 Yin Yoga Stretch 1:30pm-2:30pm	Small Steps Big Difference (MCBH office) 5:15pm-6:30pm Club House Live 3:30-5:30	Club House Live 4:00-5:30 Circulo de Mujeres 5:30pm-7:00pm Espacio Creativo 5:30pm-7:00pm	Yin Yoga Stretch 1:30pm-2:30pm	
11	12	13	14	15	16	17
		Club House Live 3:30-5:30 Yin Yoga Stretch 1:30pm-2:30pm	Club House Live 3:30-5:30 Small Steps Big Difference (MCBH office) 5:15pm-6:30pm Do it Yourself- Heating Pad 5:30-7:30	Club House Live 4:00-5:30 Circulo de Mujeres 5:30pm-7:00pm Espacio Creativo 5:30pm-7:00pm	Yin Yoga Stretch 1:30pm-2:30pm	
18	19	20	21	22	23	24
		Club House Live 3:30-5:30 Yin Yoga Stretch 1:30pm-2:30pm	Club House Live 3:30-5:30 Small Steps Big Difference (MCBH office) 5:15pm-6:30pm	OFFICE CLOSED	OFFICE CLOSED	
25	26	27	28	29	30	
		Club House Live 3:30-5:30 Yin Yoga Stretch 1:30pm-2:30pm	Club House Live 3:30-5:30 Small Steps Big Difference (MCBH office) 5:15pm-6:30pm	Club House Live 4:00-5:30 Circulo de Mujeres 5:30pm-7:00pm Espacio Creativo 5:30pm-7:00pm	Yin Yoga Stretch 1:30pm-2:30pm	A service of Mono County Behavioral Health and Proposition 63

Post Script....

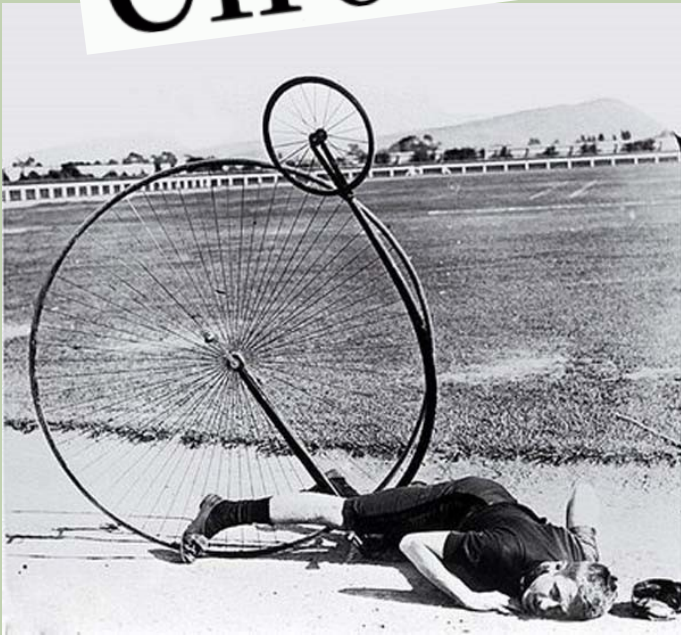
Board of Supervisors Update

July - September 2018

YIKES!



Uh oh.



whoops·a·daisy

Most sincere apologies to

Community Development

for mistakenly leaving their write-up out of the BOS Update....

Local Transportation Commission – The LTC’s recent meetings, staffed by **Gerry Le Francois**, **Megan Mahaffey** and **Michael Draper**, have focused on community interest in electric vehicles. Charging stations every 100 miles would facilitate travel to Mono County. The Electric Auto Association was represented by **Raejean Fellows**, **Lynn Boulton** and **Don Condon**. Also on the LTC’s radar has been SB 1/gas tax, a sometimes-unfamiliar connection. Mono County drivers undoubtedly have noticed numerous road projects funded by SB 1, including preventive maintenance. The LTC also endorsed expansion of YARTS (Yosemite Area Regional Transportation System) to include daily service instead of weekends only during June and September. Twice-daily runs throughout July and August would continue. **Michael Draper** continues to work with a planning group on the YARTS Short-Range Transit Plan as well.

Mono Basin RPAC – The Mono Basin RPAC had a pair of exciting workshops with Caltrans in July and August regarding potential changes to the US 395 corridor extending from Cemetery Road to the Hwy 120 junction with staff assistance from **Bentley Regehr**, **Michael Draper**, **Gerry Le Francois** and **Wendy Sugimura**. Residents worked with County and Caltrans staff to brainstorm potential options to improve safety, traffic flow, visuals, and multi-modal transportation through the corridor.

The RPAC, staffed by **Bentley** and **Wendy**, also continues to work with Southern California Edison to improve safety and visuals related to utility poles. Ten poles located near the substation south of Lee Vining were approved to be treated to reduce glare and fit the natural setting. Additionally, the RPAC collaborated with SCE to address poles that have significant potential for fire hazard.

June Lake CAC – At the August meeting staffed by **Wendy Sugimura**, the CAC discussed funding for fish stocking and trails, approved a resolution of appreciation for long-time member Patti Heinrich, and continued discussions on a skate park and community recycling.

Bridgeport Valley RPAC – **Michael Draper** and **Nick Criss** reported discussion of a potential electric-vehicle-charging station to be located at the Shell station in Bridgeport, editing language of the Noise Ordinance, and nuisance issue of trash containers attracting bears.

Antelope Valley RPAC – At the August and September meetings staffed by **Gerry Le Francois**, the RPAC discussed a Fire Safe Council, dumpsters for campers and visitors, and local development projects.

LDTAC – The Land Development Technical Advisory Committee (Building, Planning, Public Works and Environmental Health) at recent meetings considered: six short-term rental conditional use permits at June Lake, with five eventually approved by BOS, and another short-term rental conditional use permit in Bridgeport. The LDTAC also reviewed an animal standard entitlement for a 20,000-sq. ft. SFR lot at Paradise and a tentative tract map for five condos at June Lake. Conditional use permits for cannabis proposals at Walker, Lee Vining and Sierra Business Park outside Mammoth were considered; and June Lake Brewery proposed a three-story mixed-use market with outdoor dining, commissary, storage, and four residential units. Staff presenting applications included **Michael Draper**, **Bentley Regehr**, **Jake Suppa**, **Nick Criss** and **Gerry Le Francois**.

Planning Commission – Housing workshops conducted by **Megan Mahaffey** and **Bentley Regehr** received considerable input from commissioners. A telling conclusion was that Mono County lacks middle class housing to rent or to buy. Commission approved Mono's first cannabis retail use permit at June Lake (**Bentley Regehr** and **Michael Draper**). An expert analyst confirmed only minimal avalanche possibility at the downtown site. The Commission also approved seven use permits for short-term rentals at June Lake (**Michael Draper**). A use permit for Type III short-term rental at June Lake downsized occupancy due to inadequate parking.

Compliance Division – Code Compliance staff **Nick Criss** and **Jake Suppa** are busy following up on complaints ranging from bear-resistant trash containers to restoration plans required by the state for illegal grading and clearing. **Nick** is wrapping up annual reporting under the Surface Mining and Reclamation Act (SMARA) and California Statewide Groundwater Elevation Monitoring (CASGEM). **Jake** has been implementing enforcement of short-term rentals through tools and reporting from our consultant, Host Compliance.

Owens Valley Groundwater Authority – Mono County staff **Wendy Sugimura**, **Michael Draper** and **Jason Canger** provide services, together with staff from Inyo County and the City of Bishop, to the multi-jurisdictional OVGA. A request for proposals was recently flown for a consultant to complete the Groundwater Management Plan, and efforts are being made to finalize mechanisms for public engagement in OVGA Board decisions.

Los Angeles Department of Water and Power Dewatering – **Wendy Sugimura** has been participating in site visits to critical sage-grouse habitat in Long Valley with the US Fish and Wildlife Service, California Department of Fish and Wildlife, Bureau of Land Management, Inyo National Forest, US Geological Survey, Audubon Society, Eastern Sierra Land Trust, and the Los Angeles Department of Water and Power. The group has been observing the impact to sage-grouse habitat due to the change in water management by LADWP. In addition, **Wendy Sugimura** and **Supervisor Stacy Corless** attended a meeting with state department heads and regional federal directors in Sacramento to discuss the dewatering issue with LADWP. The cooperative sage-grouse group asked LADWP to engage fully with the Bi-State groups to collaboratively find solutions in Long Valley, and the USFWS was clear that they will need to consider the impacts of the changed management practices as they reconsider the listing of the Bi-State sage-grouse under the Endangered Species Act. Finally, **Wendy Sugimura**, **Jason Canger** and **Stacey Simon** have been actively engaged in responding to LADWP's Notice of Preparation of an Environmental Impact Report on the Ranch Lease Renewal Project.

Building Division – Building Official **Tom Perry** has been guiding our department with policy, code interpretation, resolution and guidance. **Jim Shoffner** provides senior level inspection and review, represents the Building Division at LDTAC meetings, provides training of Building Division staff, and customer service. **Jason Davenport** has been providing inspection and plan review with a focus on updating our Expedited Solar process along with customer service. **Julie Aguirre** has been intaking and counter reviewing new submittals, providing customer service and guidance throughout the permit cycle. The year-to-date permits for 2018 total 139 with a valuation of \$7,693,503.

Tidbits – The Board of Supervisors had a thorough housing workshop with **Bentley Regehr**, **Megan Mahaffey** and **Wendy Sugimura**, reviewing a menu of implementation activities and prioritizing top choices. **Michael Draper** and **Wendy Sugimura**, with assistance from a variety of community organizations, drafted an objection letter to the Inyo National Forest Plan primarily on wilderness and wild & scenic rivers. **Bentley** and **Wendy** have been working with the consultant on the North County Water Transfer project for Walker Lake, establishing an "upper bound" analysis for the environmental analysis and meeting with the North County Resource Conservation District for input. **Gerry Le Francois** has been processing lot line adjustments and lot mergers, and running point on the following new development projects under consideration: a multi-family project, a commercial main street project, the Social Services housing project, and a water export project. **Michael Draper** shepherded the first six Short-Term Rental Activity Permits at June Lake through approval by BOS. In addition to building, planning and code compliance matters, the CDD front counter processes applications for county clerk and collects taxes for the tax collector. In September and October **CD Ritter** handled 23 marriage licenses and DBA (Doing Business As) applications for county clerk, **Michael Draper** processed eight, and **Julie Aguirre** handled four.



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

TIME REQUIRED

SUBJECT Lahontan Regional Water Quality Control

**PERSONS
APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Notice from the Lahontan Regional Water Quality Control Board of California Environmental Quality Act public scoping Meeting on December 6, 2018, on proposed General Orders for limited domestic and small nondomestic wastewater treatment systems applicable to the Lahontan Region.

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME:

PHONE/EMAIL: /

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

<p>Click to download</p> <p> LRWQCB Notice</p>
--

History

Time	Who	Approval
11/15/2018 5:43 AM	County Administrative Office	Yes
11/14/2018 6:09 PM	County Counsel	Yes
11/15/2018 4:23 PM	Finance	Yes



Lahontan Regional Water Quality Control Board

OFFICE OF THE CLERK

LIMITED DOMESTIC AND SMALL NONDOMESTIC WASTEWATER TREATMENT SYSTEMS GENERAL ORDERS

Notice of California Environmental Quality Act Public Scoping Meeting December 6, 2018

NOTICE IS HEREBY GIVEN that staff of the Lahontan Regional Water Quality Control Board (Lahontan Water Board) has scheduled a California Environmental Quality Act (CEQA) public meeting to discuss and solicit comments and suggestions from the public on proposed General Orders for limited domestic and small nondomestic wastewater treatment systems applicable to the Lahontan Region.

At the meeting, Lahontan Water Board staff will seek comments from public agencies and interested persons on the scope, content, and potential environmental effects of the proposed General Orders. Public comments will assist the Lahontan Water Board in developing these new regulatory programs. Recipients of this notice are encouraged to inform others who are interested about this upcoming meeting.

VICTORVILLE

Thursday, December 6, 2018, 10:00AM
15095 Amargosa Rd., Bldg 2 – Suite 210
Victorville CA 93394

Directions:

https://www.waterboards.ca.gov/lahontan/about_us/contact_us.html

SOUTH LAKE TAHOE

Thursday, December 6, 2018, 10:00AM
971 Silver Dollar Ave.
South Lake Tahoe CA 96150

Directions (annex building behind Shell gas station):

https://www.waterboards.ca.gov/lahontan/about_us/contact_us.html

This meeting will be remotely webcasted from Victorville

AVAILABLE SUPPORTING DOCUMENTS

Supporting documents are available on the Lahontan Water Board website at:

https://www.waterboards.ca.gov/lahontan/water_issues/programs/owts/owts_r6permits/

Please direct request for paper copies of scoping materials or any other general questions about the proposed General Orders to Carly Nilson, Eastern California Regional Cannabis Unit, Lahontan Regional Water Quality Control Board, 2501 Lake Tahoe Blvd., South Lake Tahoe CA 96150; (530) 542-5445; or at carly.nilson@waterboards.ca.gov.

Interested persons are encourage to subscribe to an email list serve for future notices on the General Orders for limited domestic and small nondomestic wastewater treatment systems at: https://www.waterboards.ca.gov/resources/email_subscriptions/reg6_subscribe.html; check the

PETER C. PUMPHREY, CHAIR | PATTY Z. KOUYOUMDJIAN, EXECUTIVE OFFICER

2501 Lake Tahoe Blvd., So. Lake Tahoe, CA 96150 | 15095 Amargosa Road, Bldg 2, Ste 210, Victorville CA 92394
e-mail Lahontan@waterboards.ca.gov | website www.waterboards.ca.gov/lahontan

box next to "Regionwide Regulation and Permitting." The email list serve will be the primary method for providing future notices related to these projects. Persons without access to email may request paper copies of future notices by contacting Ms. Nilson.

CALIFORNIA ENVIRONMENTAL QUALITY ACT AND SUBMISSION OF COMMENTS

Pursuant to CEQA, appropriate documentation will be prepared to analyze any potential adverse environmental effects associated with the proposed General Orders for limited domestic and small nondomestic wastewater treatment systems. The CEQA Scoping meetings are to solicit public input on the scope of the environmental analysis to be included in the CEQA documents. Comments should be limited to assisting the Lahontan Water Board to identify the range of actions, alternatives, mitigation measures, and potential significant environmental effects to be analyzed in the project environmental documents and to eliminate issues that do not need to be evaluated in depth.

Oral comments received at the public meetings regarding the environmental analysis will be considered when preparing the CEQA documents.

Interested persons are encouraged to submit written comments electronically. Comment letters may be submitted electronically, in pdf text format (if less than 15 megabytes in total size), to Carly Nilson via email at carly.nilson@waterboards.ca.gov. If the file is greater than 15 megabytes in total size, then the comment letter may be submitted by CD to the address below. Written comments **must be received by 12:00 noon on December 28, 2018** and addressed or hand delivered to:

Carly Nilson, Eastern California Regional Cannabis Unit
Lahontan Regional Water Quality Control Board
2501 Lake Tahoe Blvd.
South Lake Tahoe CA 96150

Comment letters received after that deadline will not be accepted unless the Lahontan Water Board determines otherwise. Please also indicate in the subject line, "**Comment Letter – Lahontan OWTS General Orders – CEQA Scoping Comments.**" Please identify a contact person who would be available to answer any questions regarding your comments.

ACCESSIBILITY

All meeting locations are accessible to persons with disabilities. If you require special accommodations, please call Michelle Avila (530) 542-5403 at least 10 working days prior to the meeting date.



Ben Letton
North Basin Division Manager

Date: 11/6/18



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: Public Works

TIME REQUIRED 20 minutes

**PERSONS
APPEARING
BEFORE THE
BOARD**

SUBJECT Authorization for Sheriff Office to
purchase Seven Chevy Tahoes from
National Auto Fleet Group

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

The Board approved the purchase of seven Chevy Tahoes at the 11.6.18 Board meeting. The Sheriff would like to purchase these vehicles through the National Auto Fleet Group (NAFG) under the master national fleet contract administered by Sourcewell (formerly known as NJPA – National Joint Powers Alliance).

RECOMMENDED ACTION:

Authorize Sheriff's Office to purchase seven Chevy Tahoes through NAFG, with upfitting provided by West Coast Lights and Sirens.

FISCAL IMPACT:

The funding of these purchases was already approved by the Board during the 11.6.18 Motor Pool item for a combined total of \$522,014. Purchase of these vehicles through NAFG is estimated at \$311,077, leaving \$210,937 to outfit and place the vehicles into service.

CONTACT NAME: Tony Dublino

PHONE/EMAIL: 760.932.5459 / tdublino@mono.ca.gov

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download
<input type="checkbox"/> Staff Report
<input type="checkbox"/> PPV Pricing
<input type="checkbox"/> SSV Pricing
<input type="checkbox"/> PPV CPO
<input type="checkbox"/> SSV CPO

History

Time	Who	Approval
11/15/2018 5:31 PM	County Administrative Office	Yes
11/15/2018 1:28 PM	County Counsel	Yes
11/15/2018 4:23 PM	Finance	Yes



MONO COUNTY DEPARTMENT OF PUBLIC WORKS

POST OFFICE BOX 457 • 74 NORTH SCHOOL STREET • BRIDGEPORT, CALIFORNIA 93517
760.932.5440 • Fax 760.932.5441 • monopw@mono.ca.gov • www.monocounty.ca.gov

Date: November 20, 2018
To: Honorable Chair and Members of the Board of Supervisors
From: Tony Dublino, Director of Public Works
Re: Authorization for Sheriff Office to purchase 7 Chevy Tahoes from NAFG

Recommended Action:

Authorize Sheriff's Office to purchase 7 Chevy Tahoes through NAFG, with upfitting provided by West Coast Lights and Sirens.

Fiscal Impact:

The funding of these purchases was already approved by the Board during the 11.6.18 Motor Pool item. This item is specific to the sourcing of the vehicles.

Background:

The Board approved the purchase of 7 Chevy Tahoes at the 11.6.18 Board meeting. The Sheriff would like to purchase these vehicles through the National Auto Fleet Group (NAFG) under the master national fleet contract administered by Sourcewell (formerly known as NJPA – National Joint Powers Alliance).

Such a purchasing method does not meet the County Code requirements (MCC 3.04.040) for a publicly noticed, sealed bid process, but the Board and/or the purchasing agent can waive those requirements.

The Sheriff's office has found that NAFG pricing is exceptional, their customer service is outstanding, and the purchasing is streamlined. NAFG also works closely with the Sheriff's chosen vehicle upfitter, West Coast Lights and Sirens, to ensure efficient and timely travel through the upfitting process and then ultimate delivery of the completed vehicles to Mono County.

The Sheriff's office reports that Sourcewell has performed the Competitive Bid Process and issued contracts to numerous vendors in various marketplaces. This reduces costs and time associated with the bid process. Mono County and Mono County Public Works are already a member of Sourcewell. Below are the various websites that provide additional background information:

National Auto Fleet Group – Website

<https://www.nationalautofleetgroup.com/>

Sourcewell – Website

<https://www.sourcewell-mn.gov/>

Sourcewell National Contract - National Auto Fleet Group

<https://www.sourcewell-mn.gov/cooperative-purchasing/120716-naf>

Sourcewell Contract Documents - National Auto Fleet Group

<https://www.sourcewell-mn.gov/cooperative-purchasing/120716-naf#tab-contract-documents>

Please contact me at 760-932-5459 or by email at tdublino@mono.ca.gov if you have any questions regarding this matter.

Respectfully submitted,



Tony Dublino
Director of Public Works

National Auto Fleet Group

A division of Chevrolet of Watsonville
490 Auto Center Drive, Watsonville, CA 95076
855 BUY-NJPA 626-457-5590
855 289-6572 626-457-5593

November 13, 2018

Deputy Mark Hanson
Mono County Sheriff's Office
PO Box 616 / 49 Bryant St.
Bridgeport, CA 93517
Delivery Via Email

Dear Deputy Hanson,

In response to your inquiry, we are pleased to submit the following for your consideration:

National Auto Fleet Group will sell, service and deliver at Bridgeport, new/unused 2019 Chevrolet Tahoe 4x4 PPV Utilities responding to your requirement with the attached specifications for:

2019 Chevy Tahoe 4x4 PPV	41,078.44
Sales Tax	2,978.19
Tire tax	8.75
Transport to Bridgeport	579
Total	44,644.38

These vehicles are available under the NJPA master vehicle contract# 120716. Pricing includes black and white paint to your scheme.

Terms are net 30 days.

National Auto Fleet Group welcomes the opportunity to assist you in your vehicle requirements.



John Oviyach
National Account Law Enforcement Manager
National Auto Fleet Group



National Auto Fleet Group

A division of Chevrolet of Watsonville
490 Auto Center Drive, Watsonville, CA 95076
855 BUY-NJPA 626-457-5590
855 289-6572 626-457-5593

November 13, 2018

Deputy Mark Hanson
Mono County Sheriff's Office
PO Box 616 / 49 Bryant St.
Bridgeport, CA 93517
Delivery Via Email

Dear Deputy Hanson,

In response to your inquiry, we are pleased to submit the following for your consideration:

National Auto Fleet Group will sell, service and deliver at Bridgeport, new/unused 2019 Chevrolet Tahoe 4x4 SSV Utilities responding to your requirement with the attached specifications for:

2019 Chevy Tahoe 4x4 SSV	39,744.00
Sales Tax	2,881.44
Tire tax	8.75
Transport to Bridgeport	579
Total	43,213.19

These vehicles are available under the NJPA master vehicle contract# 120716. Pricing reflects solid colored SSV unit.

Terms are net 30 days.

National Auto Fleet Group welcomes the opportunity to assist you in your vehicle requirements.



John Oviyach
National Account Law Enforcement Manager
National Auto Fleet Group





MONO COUNTY PURCHASE ORDER AGREEMENT - SERVICES

By the signature of its Purchasing Agent appearing below, Mono County retains the services of NATIONAL AUTO FLEET GROUP of WATSONVILLE, CA (Contractor) to provide the services and associated materials, if any, for the prices or at the rates, and within the time period, specified below or in the attached quote:

SIX NEW 2019 CHEVY TAHOE PPV'S

Mono County Purchasing Agent
(or authorized designee)

Dated: 11/08/18

Purchase Order No. 59148

Contractor's provision of such services and materials is subject to the terms and conditions set forth on the reverse side of this Agreement. All Services and Materials must be delivered within 120 days of the above date, after which this contract will be void.

Send invoices to: Mono County Dept. of Public Works
Post Office Box 457
Bridgeport, California 93517

Accepted:

Contractor

Mono County Purchase Order Agreement-Services

The Purchase Order Agreement ("PO") is made by and between the County of Mono ("County") and the party to which this PO is addressed ("Contractor"), effective as of the date set forth above.

1. Contractor shall provide to County all services and associated materials, if any, as described, for the compensation, and within the time period specified or referenced on the reverse side of this Agreement.
2. County shall make payment to Contractor for such services in accordance with the terms set forth herein within thirty (30) days after its receipt of an accurate, itemized written statement or invoice from Contractor.
3. Contractor shall comply with all applicable laws in the provision of services and associated materials, if any, pursuant to this PO. Further, Contractor shall obtain and maintain all such licenses and permits, or other authorizations, as are required for it to provide the services and associated materials, if any, as have been requested of it by County pursuant to this PO.
4. Contractor waives any right to, and shall deliver possession and title to County of, all publications, computer programs, inventions, or other property which result from the Contractor's performance of services pursuant to this PO unless otherwise expressly agreed in writing by County.
5. Contractor shall, and shall require its agents, officers and employees to, maintain the confidentiality of obtained any and all proprietary, privileged, or otherwise confidential information in County's possession and by Contractor et al. as the result of their performance of this PO, and shall refrain from disclosing or using such information except as necessary to provide the services and associated materials, if any, pursuant to this PO.
6. Contractor shall maintain workers' compensation insurance to the extent required by law, and shall maintain at least the minimum types and amounts of other insurance coverage as are usually and customarily maintained by persons or firms engaged in the provision of the same or similar type of services and associated materials, if any, as called for by this PO.
7. Contractor shall defend, indemnify, and hold harmless County, its agents, officers, employees and volunteers from and against any and all claims, liability, and other costs, including litigation costs and attorney's fees, arising out of or resulting from acts or omissions of Contractor, or Contractor's agents, officers, employees, or volunteers, or any person for whose acts or omission any of them may be liable, in the provision of services and associated materials, if any, hereunder. County agrees to defend, indemnify, and hold harmless Contractor and Contractor's agents, officers, and employees from and against any and all claims, liability, and other costs, including litigation costs and reasonable attorney's fees, arising out of or resulting from the active negligence or wrongful acts of County or County's agents, officers, employees, or volunteers in carrying out this PO.
8. Contractor shall prepare and maintain such records as may be required by law or this PO regarding the Contractor's provision of services and associated materials, if any, pursuant to this PO, and shall make such records available for inspection by County and other authorized and associated entities and persons for reasonable requested audit or evaluation purposes.
9. Contractor shall refrain from, and require its agents, officers, and employees to refrain from, discriminating in violation of applicable federal or state law against any person in the course of providing services and associated materials, if any, pursuant to this PO.
10. Contractor shall provide to County all warranties for all materials provided pursuant to this PO which are impliedly or expressly provided by law or which the manufacturer customarily provides to purchasers or users.
11. This PO may be terminated by either party upon at least ten (10) days prior written notice. Contractor shall be entitled for services and associated materials, if any, provided prior to its receipt of notice of termination in accordance with terms and condition to payment of this PO.
12. This PO may be amended only by mutual written consent of the parties; it is intended as the entire agreement between the parties, superseding all previous agreements between them. If any portion of this PO is determined to be invalid, the remaining portions shall continue in full force and effect.
13. This PO is governed by California law. Venue for any legal proceeding arising out of or related to it shall be in Mono County, California. If either party initiates legal proceedings against the other party with respect to the PO, the non-prevailing party shall pay the prevailing party's costs and expenses (including reasonable attorney's fees).
14. The parties are independent contractors, and the employees, officers, and agents of one party shall not be deemed to be employees of the other party for any purpose.
15. By Contractor's signature on this PO and/or Contractor's provision of services and associated materials, if any, pursuant to this PO shall constitute Contractor's agreement to its terms and conditions. County's issuance of this PO constitutes County's agreement to its terms and conditions.
16. Notwithstanding the above, this Purchase Agreement is subject to and incorporates herein the terms of County concerning the services rendered by Contractor.
17. In accordance with § 1720 et seq. of the California Labor Code, Contractor is advised that some or all of the services Contractor is to provide County pursuant to this PO may constitute a "public work." Accordingly, Contractor, and any subcontractor retained by Contractor, shall pay to all workers employed in the performance of those services that constitute a public work not less than the general prevailing rate of per diem wages for regular, holiday, and overtime work. These general prevailing rates of per diem wages have been determined by the Director of the California Department of Industrial Relations; copies of the Director's determinations are on file at the Mono County Department of Public Works, 74 N. School Street, Bridgeport, CA, and are available upon request.

**PURCHASE ORDER
 MONO COUNTY DEPARTMENT OF PUBLIC WORKS
 Post Office Box 457, Bridgeport, CA 93517
 760-932-5440**

Date 11/08/2018 Requisition No 59148
 Vendor Code 14615 P.O. / Contract No 59148
 Name NATIONAL AUTO FLEET GROUP Project No
 Address 490 AUTO CENTER DRIVE Description SIX NEW 2019 CHEVY TAHOE PPV'S
 WATSONVILLE, CA 95078

Requested By
 Phone
 Delivery Date
 Ship To
 Invoice To
 AFIN Comment

Budget Summary	Amount
650-MTR -5301-5307 MOTORPOOL / MOTOR POOL / EQUIPMENT - VEHICLES / VEHICLE REPLACEMENTS - POLICY	267,866.28

DISTRIBUTION

Line	Description	Project	Cost Center	Quantity	Units	Unit Cost	Amount
001	SIX CHEVY TAHOE PPVS	MTR	-1100 650-007-5307	1.00	EA	267,866.2800	267,866.28

DOCUMENT TOTAL 267,866.28

Approved by: _____
 Purchasing Agent or Assistant

I certify that the above is true.

 Head of Department or Authorized Representative



MONO COUNTY PURCHASE ORDER AGREEMENT - SERVICES

By the signature of its Purchasing Agent appearing below, Mono County retains the services of NATIONAL AUTO FLEET GROUP of WATSONVILLE, CA (Contractor) to provide the services and associated materials, if any, for the prices or at the rates, and within the time period, specified below or in the attached quote:

ONE NEW 2019 CHEVY TAHOE SSV

Mono County Purchasing Agent
(or authorized designee)

Dated: 11/08/18

Purchase Order No. 59149

Contractor's provision of such services and materials is subject to the terms and conditions set forth on the reverse side of this Agreement. All Services and Materials must be delivered within 120 days of the above date, after which this contract will be void.

Send invoices to: Mono County Dept. of Public Works
Post Office Box 457
Bridgeport, California 93517

Accepted:

Contractor

Mono County Purchase Order Agreement--Services

The Purchase Order Agreement ("PO") is made by and between the County of Mono ("County") and the party to which this PO is addressed ("Contractor"), effective as of the date set forth above.

1. Contractor shall provide to County all services and associated materials, if any, as described, for the compensation, and within the time period specified or referenced on the reverse side of this Agreement.
2. County shall make payment to Contractor for such services in accordance with the terms set forth herein within thirty (30) days after its receipt of an accurate, itemized written statement or invoice from Contractor.
3. Contractor shall comply with all applicable laws in the provision of services and associated materials, if any, pursuant to this PO. Further, Contractor shall obtain and maintain all such licenses and permits, or other authorizations, as are required for it to provide the services and associated materials, if any, as have been requested of it by County pursuant to this PO.
4. Contractor waives any right to, and shall deliver possession and title to County of, all publications, computer programs, inventions, or other property which result from the Contractor's performance of services pursuant to this PO unless otherwise expressly agreed in writing by County.
5. Contractor shall, and shall require its agents, officers and employees to, maintain the confidentiality of obtained any and all proprietary, privileged, or otherwise confidential information in County's possession and by Contractor et al. as the result of their performance of this PO, and shall refrain from disclosing or using such information except as necessary to provide the services and associated materials, if any, pursuant to this PO.
6. Contractor shall maintain workers' compensation insurance to the extent required by law, and shall maintain at least the minimum types and amounts of other insurance coverage as are usually and customarily maintained by persons or firms engaged in the provision of the same or similar type of services and associated materials, if any, as called for by this PO.
7. Contractor shall defend, indemnify, and hold harmless County, its agents, officers, employees and volunteers from and against any and all claims, liability, and other costs, including litigation costs and attorney's fees, arising out of or resulting from acts or omissions of Contractor, or Contractor's agents, officers, employees, or volunteers, or any person for whose acts or omission any of them may be liable, in the provision of services and associated materials, if any, hereunder. County agrees to defend, indemnify, and hold harmless Contractor and Contractor's agents, officers, and employees from and against any and all claims, liability, and other costs, including litigation costs and reasonable attorney's fees, arising out of or resulting from the active negligence or wrongful acts of County or County's agents, officers, employees, or volunteers in carrying out this PO.
8. Contractor shall prepare and maintain such records as may be required by law or this PO regarding the Contractor's provision of services and associated materials, if any, pursuant to this PO, and shall make such records available for inspection by County and other authorized and associated entities and persons for reasonable requested audit or evaluation purposes.
9. Contractor shall refrain from, and require its agents, officers, and employees to refrain from, discriminating in violation of applicable federal or state law against any person in the course of providing services and associated materials, if any, pursuant to this PO.
10. Contractor shall provide to County all warranties for all materials provided pursuant to this PO which are impliedly or expressly provided by law or which the manufacturer customarily provides to purchasers or users.
11. This PO may be terminated by either party upon at least ten (10) days prior written notice. Contractor shall be entitled for services and associated materials, if any, provided prior to its receipt of notice of termination in accordance with terms and condition to payment of this PO.
12. This PO may be amended only by mutual written consent of the parties; it is intended as the entire agreement between the parties, superseding all previous agreements between them. If any portion of this PO is determined to be invalid, the remaining portions shall continue in full force and effect.
13. This PO is governed by California law. Venue for any legal proceeding arising out of or related to it shall be in Mono County, California. If either party initiates legal proceedings against the other party with respect to the PO, the non-prevailing party shall pay the prevailing party's costs and expenses (including reasonable attorney's fees).
14. The parties are independent contractors, and the employees, officers, and agents of one party shall not be deemed to be employees of the other party for any purpose.
15. By Contractor's signature on this PO and/or Contractor's provision of services and associated materials, if any, pursuant to this PO shall constitute Contractor's agreement to its terms and conditions. County's issuance of this PO constitutes County's agreement to its terms and conditions.
16. Notwithstanding the above, this Purchase Agreement is subject to and incorporates herein the terms of County concerning the services rendered by Contractor.
17. In accordance with § 1720 et seq. of the California Labor Code, Contractor is advised that some or all of the services Contractor is to provide County pursuant to this PO may constitute a "public work." Accordingly, Contractor, and any subcontractor retained by Contractor, shall pay to all workers employed in the performance of those services that constitute a public work not less than the general prevailing rate of per diem wages for regular, holiday, and overtime work. These general prevailing rates of per diem wages have been determined by the Director of the California Department of Industrial Relations; copies of the Director's determinations are on file at the Mono County Department of Public Works, 74 N. School Street, Bridgeport, CA, and are available upon request.

PURCHASE ORDER
MONO COUNTY DEPARTMENT OF PUBLIC WORKS
 Post Office Box 457, Bridgeport, CA 93517
 760-932-5440

Date	11/08/2018	Requisition No	59149	Requested By	
Vendor Code	14615	P.O. / Contract No	59149	Phone	
Name	NATIONAL AUTO FLEET GROUP	Expiration Date		Delivery Date	
Address	490 AUTO CENTER DRIVE WATSONVILLE, CA 95078	Project No		Ship To	
		Description	ONE NEW 2019 CHEVY TAHOE SSV	Invoice To	
				AFIN Comment	

Budget Summary	Amount
650-MTR -5301-5307 MOTORPOOL / MOTOR POOL / EQUIPMENT - VEHICLES / VEHICLE REPLACEMENTS - POLICY	43,213.19

DISTRIBUTION

Line Description	Project	Cost Center	Quantity	Units	Unit Cost	Amount
001 ONE CHEVY TAHOE SSV	MTR	-1100 650-007-5307	1.00	EA	43,213.1900	43,213.19

DOCUMENT TOTAL **43,213.19**

Approved by: _____
 Purchasing Agent or Assistant

I certify that the above is true.

 Head of Department or Authorized Representative



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: District Attorney

TIME REQUIRED 10 minutes

PERSONS APPEARING BEFORE THE BOARD Tim Kendall

SUBJECT Amendment of Allocation List to Add Victim/Witness Advocate

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Requesting one (1) District Attorney Victim/Witness Advocate position to be added to the Allocation List to be funded through the State's Victim Witness Program Grant.

RECOMMENDED ACTION:

Approve the Resolution to Amend the Mono County List of Allocated Positions to reflect the addition of one Victim/Witness Advocate.

FISCAL IMPACT:

No impact to the County's General Fund. Position is set a salary range 60 which is \$44,448 a year and benefits of \$37,238 to be funded by the Victim Witness Program Grant

CONTACT NAME: Elizabeth Pelichowski

PHONE/EMAIL: 760-932-5550 / epelichowski@mono.ca.gov

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download
Staff report to amend allocation list
Resolution for V/W Allocation Amendment
Packet

History

Time

Who

Approval

11/13/2018 6:06 PM	County Administrative Office	Yes
11/14/2018 3:27 PM	County Counsel	Yes
11/14/2018 10:24 AM	Finance	Yes

County of Mono Office of the District Attorney

www.monocountydistrictattorney.org

Bridgeport Office:
Main St. Court House, P.O. Box 617
Bridgeport, CA. 93517
Tel:(760)932-5550 fax: (760)932-5551



Mammoth Office:
Sierra Center Mall, P.O. Box 2053
Mammoth Lakes, CA. 93546
Tel:(760)924-1710 fax: (760)924-1711

Tim Kendall - District Attorney

TO: Honorable Board of Supervisors
FROM: Tim Kendall, District Attorney
DATE: October 25, 2018

Request for Consent Agenda Item.

Board of Supervisors to approve an amendment to the County's Allocation List and modification to the District Attorney's Victim/Witness Grant Budget.

Subject

Requesting one (1) District Attorney Victim/Witness Advocate position to be added to the Allocation List to be funded through the State's Victim Witness Program Grant.

Recommendation

Approve the Resolution to Amend the Mono County List of Allocated Positions to reflect the addition of one Victim/Witness Advocate.

Discussion

The 2018-2019 Victim Witness Grant administered by the District Attorney's Office was increased by over \$145,000. Majority of the funding is intended specifically to help Counties add additional Victim Advocate positions. Any remaining funds can be used for program operations. This additional funding is on-going and not expected to be reduced or cut in the future. With this additional funding, the Office of the District Attorney is now in a position to recruit for a much needed, Victim/Witness Advocate. The District Attorney's Victim/Witness program is a constitutionally mandated program that provides a variety of services for Victims and Witness' of crime as well as support services to families and friends. Victim Advocates are trained professionals with specialized knowledge of the criminal justice system, victimology, crisis intervention and cultural and ethnic diversity, and the California Victims of Crime Compensation Program. Victims rely on this program for help, support, transportation, connecting to services and much more. Currently, the Victim/Witness Program only has two staff members that work the Program on a part-time basis.

Due to realignment, there has been an added burden on the Victim/Witness Assistance Program and on the services that must be provided due to the increased number of parole violation, probation violations and new crimes that are being committed against victims by individuals that would typically be in the state system however, they now remain in our county. Because these services are mandated, providing these services without adequate staff puts the DA's Office in a difficult position. Sometimes, this is the only method for a victim to have a voice and to be made whole again. Sometimes, this is the only method a victim or a witness may have to assist them to get to court or meet with an attorney or investigator in preparation of their case. A victim has many constitutional rights and the staff of the Program are required to stay in constant contact with all victims of crime. Investigators, as well as Advocates, notify victims of every court hearing. A Victim has the right to be present at every court hearing and therefore transportation is often needed. The program also offers services to witnesses of crime. This can range from providing transportation for a witness all the way to relocation services, including the Witness Protection Program.

This position will go through the appropriate training and enhance our program by providing missing community outreach, establishing new programs of services and assisting in handling the additional case load from realignment and run our newly created Restitution Court.

The proposed position, which would amend the Allocation List, would be strictly Grant funded and have no impact to the general fund. If future Grant funding cannot sustain the position it would be eliminated until such funding can be obtained.

Fiscal Impact

No impact to the County's General Fund. Position is set a salary range 60 which is \$44,448 a year and benefits of \$37,238 to be funded by the Victim Witness Program Grant.



RESOLUTION NO. R18-

**A RESOLUTION OF THE MONO COUNTY BOARD OF SUPERVISORS
AUTHORIZING THE COUNTY ADMINISTRATIVE OFFICER TO AMEND THE COUNTY
OF MONO LIST OF ALLOCATED POSITIONS TO REFLECT THE ADDITION TO THE
OFFICE OF THE DISTRICT ATTORNEY ONE (1) VICTIM/WITNESS ADVOCATE
POSITION**

WHEREAS, it is important for the County of Mono to maintain an accurate, current listing, of County Job Classifications, the pay ranges or rates for those job classifications, and the number of positions allocated by the Board of Supervisors for each of those job classifications; and

WHEREAS, it is currently necessary to amend the Allocation List of Authorized Positions and salary ranges as part of maintaining proper accountability for hiring employees to perform public services; and

WHEREAS, the List of Allocated Positions, is a vital official record in establishing the Job Classifications and the number of positions authorized for each County Department; identifying approved vacancies for recruitment and selection by Human Resources; determining authorized employee pay rates; and recognizing implementation of collective bargaining agreements related to job classifications and pay rates;

NOW, THEREFORE, THE BOARD OF SUPERVISORS OF THE COUNTY OF MONO RESOLVES as follows:

1. The County Administrative Officer shall be authorized to amend the County of Mono List of Allocated Positions to reflect the following change:

To add one (1) Victim/Witness Advocate position under the Office of the District Attorney and to assign the position a salary range of 60 step (A).

2. The District Attorney is authorized to fill said allocated position as needed when funding is available through the State's Victim Witness Program Grant.

//

1 PASSED AND ADOPTED this 20th day of November 2018, by the following

2 Vote:

3 AYES :
4 NOES :
5 ABSTAIN :
6 ABSENT :

7 ATTEST: _____
8 Clerk of the Board

Bob Gardner, Chairman
Board of Supervisors

9
10 APPROVED AS TO FORM:

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12 _____
13 COUNTY COUNSEL

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Application Cover Sheet

RFA PROCESS

VICTIM/WITNESS ASSISTANCE (VW) PROGRAM

Submitted by:

Mono County Victim/Witness
452 Old Mammoth Road, Second Floor
PO Box 2053
Mammoth Lakes, CA 93546
(760)924-1710

GRANT SUBAWARD FACE SHEET INSTRUCTIONS

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers
Please do not fill in these blocks. These numbers will be entered by Cal OES.

1. Subrecipient

The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Subrecipient.

1a. Federal DUNS Number (Subrecipient)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Subrecipient. If the Subrecipient does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.

2a. Federal DUNS Number (Implementing Agency)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

3. Implementing Agency Address

Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).

4. Location of Project

Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).

5. Disaster/Program Title

Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.

6. Performance Period

Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yy)

7. Indirect Cost Rate

Indicate whether you are using the 10% de minimis rate based on Modified Total Direct Costs (MTDC) or your cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiation Agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. **Indirect costs may or may not be allowable under all Federal fund sources.**

8A – 12G. Fund Allocations and Total Project Cost

For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. Block 12G should correspond to the total project cost specified in the budget.

13. Certification Paragraph

Please review the certification paragraph.

14. CA Public Records Act

Please review, and if applicable, provide the necessary documentation.

15. Official Authorized to sign for the Subrecipient

Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Subaward for the Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent.

16. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the Agency.

Provide an original signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.

(Cal OES Use Only)					
Cal OES#		FIPS#		VS #	Subaward #

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

1. **Subrecipient:** Mono County 1a. DUNS#: 086128832

2. **Implementing Agency:** Mono County District Attorney 2a. DUNS#: 086128832

3. **Implementing Agency Address:** 452 Old Mammoth Rd, PO Box 2053 Mammoth Lakes 93546-2053
Street City Zip+4

4. **Location of Project:** Mammoth Lakes Mono 93546-2053
City County Zip+4

5. **Disaster/Program Title:** Victim/Witness Assistance Program 6. **Performance Period:** 10/01/18 to 09/30/19

7. **Indirect Cost Rate:** N/A; 10% de minimis; Federally Approved ICR _____ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2017	8 VWA0	\$ 17,112					\$ 0	\$ 17,112
2017	9 VOCA		\$ 160,363			\$ 4,596	\$ 4,596	\$ 164,959
2016	10 VOCA		\$ 102,364			\$ 5,118	\$ 5,118	\$ 107,482
Select	11 Select						\$ 0	\$ 0
Select	12 Select						\$ 0	\$ 0
	TOTALS	\$ 17,112	\$ 262,727	\$ 279,839	\$ 0	\$ 9,714	\$ 9,714	12. G Total Project Cost: \$ 289,553

13. **Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

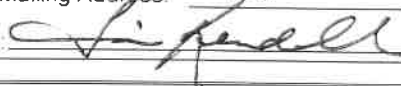
14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. **Official Authorized to Sign for Subrecipient:** Tim Kendall 16. **Federal Employer ID Number:** 956005661

Name: Tim Kendall Title: District Attorney

Telephone: 760-924-1710 FAX: _____ Email: tkendall@mono.ca.gov
(area code) (area code)

Payment Mailing Address: PO Box 2053 City: Mammoth Lakes Zip+4: 93546-2053

Signature:  Date: 10-18-18

[FOR Cal OES 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.

Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date
------------------------	------	--------------------------------	------

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Executive Director** of a Community-Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** who is the **Official Authorized** to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet (Cal OES 2-101).
7. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Chair** of the **governing body** of the subrecipient.

PROJECT CONTACT INFORMATION

Subrecipient: Mono County

Subaward #: VW18280260

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: Tim Kendall Title: District Attorney

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Janet Dutcher Title: Finance Director

Telephone #: (760)932-5490 Fax#: (760)932-5491 Email Address: jdutcher@mono.ca.gov
Address/City/Zip: 25 Bryant Street, PO Box 556, Bridgeport, CA 93517

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

Name: Sarah Gillespie Title: Victim/Witness Coordinator

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: sgillespie@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Sarah Gillespie Title: Victim/Witness Coordinator

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: sgillespie@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Tim Kendall Title: District Attorney

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: Tim Kendall Title: District Attorney

Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Stacy Corless Title: Chairperson, Board of Supervisors

Telephone #: (760)932-5530 Fax#: (760)932-5531 Email Address: scorless@mono.ca.gov
Address/City/Zip: PO Box 715, Bridgeport, CA 93517

SIGNATURE AUTHORIZATION

Subaward #: VW18280260

Subrecipient: Mono County

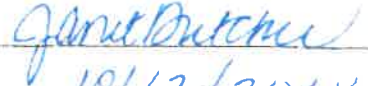
Implementing Agency Mono County District Attorney

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

*Project Director: Tim Kendall

*Financial Officer: Janet Dutcher

Signature: 
Date: _____

Signature 
Date: 10/12/2018

The following persons are authorized to sign for the
Project Director

The following persons are authorized to sign for the
Financial Officer

Signature _____
David Anderson

Signature _____
Stephanie Butters

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Tim Kendall hereby certify that
(official authorized to sign Subaward: same person as Section 15 on Subaward Face Sheet)

SUBRECIPIENT: Mono County
IMPLEMENTING AGENCY: Mono County District Attorney
PROJECT TITLE: Victim/Witness Assistance Program

is responsible for reviewing the *Subrecipient Handbook* and adhering to all of the Subaward requirements (state and/or federal) as directed by Cal OES including, but not limited to, the following areas:

I. Federal Grant Funds

Subrecipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Uniform Guidance 2 CFR Part 200, Subpart F and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Subrecipient Handbook for more detail.

- The above named Subrecipient receives \$750,000 or more in federal grant funds annually.
- The above named Subrecipient does not receive \$750,000 or more in federal grant funds annually.

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

It is the public policy of the State of California to promote equal employment opportunity (EEO) by prohibiting discrimination or harassment in employment because of ancestry, age (over 40), color, disability (physical and mental, including HIV and AIDS), genetic information, gender, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military, veteran status, national origin, race, religion (includes religious dress and grooming practices), sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions) sexual orientation, or request for family medical leave. **Cal OES-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: Leslie Chapman
Title: Mono County Administrative Officer
Address: PO Box 696, Bridgeport, CA 93517
Phone: (760)932-5410
Email: lchapman@mono.ca.gov

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

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

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

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal OES 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 – (Subrecipient Handbook Section 2154)

Cal OES 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 – (Subrecipient Handbook Section 2155)

(This applies to federally funded grants only.)

Cal OES-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 of 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 a signed resolution 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 Cal OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Subaward, including civil court actions for damages, shall be the responsibility of the grant Subrecipient and the authorizing agency. The State of California and Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES 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.

VIII. Civil Rights Compliance

The Subrecipient complies will all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

All appropriate documentation must be maintained on file by the project and available for Cal OES 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 Subrecipient may be ineligible for subaward of any future grants if the Cal OES determines that any of the following has occurred: (1) the Subrecipient 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 Subaward [Section 15 on Grant Subaward Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant Subrecipient 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: _____



Authorized Official's Typed Name: _____

Tim Kendall

Authorized Official's Title: _____

District Attorney

Date Executed: _____

10-18-18

Federal Employer ID #: _____

956005661

Federal DUNS # _____

086128832

Current System for Award Management (SAM) Expiration Date: _____

Executed in the City/County of: _____

Mono

AUTHORIZED BY: *(not applicable to State agencies)*

- City Financial Officer
- City Manager
- Governing Board Chair

- County Financial Officer
- County Manager

Signature: _____



Typed Name: _____

Janet Dutcher

Title: _____

Finance Director

CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance (Cal OES 2-104), which includes details regarding Federal Grant Funds, Equal Employment Opportunity Program, Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, Proof of Authority from City Council/Governing Board, and Civil Rights Compliance. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Subaward. In signing the Grant Subaward Face Sheet, the applicant formally notifies Cal OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. Cal OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VII, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

MONO COUNTY 2018-2019 PROJECT NARRATIVE

Problem Statement

Citizens who become involved with the criminal justice system, either as victims or witnesses to crime, are all too often further victimized by that system. They become isolated and receive little practical advice or necessary care. The Mono County Victim/Witness Program will attempt to reduce the trauma and insensitive treatment that victims and witnesses may experience in the wake of a crime. We will provide these services according to Cal OES guidelines, victim and community needs.

The Mono County Victim/Witness Program was implemented in 1989. The program had only one staff person, the Coordinator, until September 2002. In September 2002, the program was able to hire our first Victim Advocate. Unfortunately, in November 2015, the Victim Advocate position was eliminated due to budget cuts. The Coordinator has devoted 100% of her time to providing direct services to victims and witnesses of crime. In June of 2017 our Program Coordinator of twenty-six years retired and we hired a new Coordinator in April of 2017. With a new Program Coordinator, we have been working hard to expand our victim services to better serve our Victim population. With the increase in victim services provided we hired a part time Victim Advocate last grant year.

The Town of Mammoth Lakes, the largest incorporated city within Mono County, continues to grow. The Hispanic population of Victims is rapidly increasing. As such the language barrier has become an increased problem. However, we do have several county employees that are utilized for interpreting. We are also servicing additional victims and witnesses due to the increase of crimes and clients as a result of AB109, realignment.

We have two office locations, one in Mammoth Lakes and one in Bridgeport. The Mammoth Office continues to be very busy. The courthouse in Bridgeport has limited services to one day per week and as such the services to the north end of the county have become more limited. The Coordinator travels to Bridgeport on an as needed basis. With the addition of a part-time Advocate we have been able to increase our services in the north end of the county and will continue to grow with the hire of a full-time Advocate.

Plan

The Mono County Victim/Witness Program will advocate to the District Attorney's Office, law enforcement, and the criminal justice system on behalf of victims and witnesses of crime. The program will provide mandated and optional services to victims and witnesses of crime set forth in Penal Code Section 13835. The program will attempt to decrease the trauma experienced by victims and witnesses of crime thereby allowing for faster and more complete recovery from the effects of crime.

The 2018-2019 objectives are to reach three hundred new victims in Mono County. We will also have between three hundred and three hundred and fifty continued contacts with victims and witnesses of crime.

In the grant year of 2018-2019 the program will renew the commitment to provide presentations and training to law enforcement and other victim service agencies. We will also commit to increase our fieldwork in the upcoming fiscal year. The Program Coordinator is on call twenty-four hours a day, seven days a week. We will be available for law enforcement call-outs and mass casualty/disaster response for victims. We will continue community outreach by staying involved with the school at the student level through education, education through our local community groups and better training of allied law enforcement agencies. We have over

ten school in Mono County from Kindergarten through grade twelve that we will be aiming for as well as numerous community services organizations. We are committed to attending several trainings this grant year to extend the level of service we can provide to our victims. Our program has expanded substantially over the last year and a half. We plan to purchase a new case management system to help our program continue to grow with efficiency. Our current case management system cannot track statistics. We must manually track and count statistics, which leaves a great amount of room for inaccuracy as well as inefficiency. The substantial amount of time and man power it takes to count statistic takes away from the much-needed time we should be spending with our victims. Our current system also cannot store victim information, which also makes it very difficult to keep track of our caseloads. After much research the case management system we have decided to purchase is ProsicutorbyKarpel. We have visited other District Attorney Offices' that use this system and we have concluded this system will best complement our program. With our expanding program we will also be hiring a full-time Mass Victimization Advocate. This advocate will be specially trained to deploy in the event of a mass victimization disaster. We are currently running our program with 1 full-time Advocate/Program Coordinator, 1 part-time Advocate and an Office Manager/Advocate that devotes 30% of her time to advocacy. With the amount our program has grown this full-time Advocate will be crucial to the continued growth in the program.

The Mono County Victim/Witness Program assists victims of all types of crime. We do not limit our services to any specific crime. Therefore, we receive referrals from several different agencies including: the District Attorney's Office, the Probation Department, the Superior Court, other victim service agencies such as Wild Iris Women's Services, the Mono County Behavioral Health Department, the Mono County Health Department, the Mono County Social Services Department including Child Protective Services, the Mammoth Lakes Hospital and Clinic, as well as law enforcement including the Mono County Sheriff's Department, the Mammoth Lakes Police Department and the local branches of the California Highway Patrol.

Subrecipient: Mono County Subaward #: VW18280260

Referrals are made in person, by telephone or through a written report. All law enforcement reports are routed through the Coordinator for review and outreach is provided to victims as needed.

The program has one volunteer – our retired Victim Witness Coordinator. The volunteer's time is documented on a volunteer sign in sheet. Typical duties include assistance in gathering statistical information and preparing quarterly reports, clerical work and a variety of tasks as assigned by the Coordinator and Deputy District Attorneys.

The program will utilize interpreters from the community and interpreters from Mono County Social Services, and Hispanic outreach workers at Wild Iris Women's Services to communicate with victims and witnesses who speak Spanish. The program will utilize other translators in the community for translation services for non-English speaking victims/witnesses and for the hearing-impaired. Services for elderly and disabled victims of crime are provided appropriate to their special needs. Field visits are provided to a client's home, place of business, or other safe location, whenever necessary to provide services.

The Victim/Witness Office is housed at the following locations:

Mono County District Attorney's Office

Sierra Center Mall, Second Floor

PO Box 2053

Mammoth Lakes, CA 93546

(760) 924-1710

Mono County District Attorney's Office
Courthouse, Main St.
PO Box 617
Bridgeport, CA 93517
(760) 932-5550

After Hours Telephone For Program Coordinator: (760) 920-7290

Implementation

The Mono County Victim/Witness Program will advocate to the District Attorney's Office, law enforcement and other victim service agencies on behalf of victims and witnesses of crime. Meetings will be conducted with each agency at least semi-annually to discuss current needs and to develop strategies for implementation of the Victim/Witness Program objectives.

An operational agreement exists between the Mono County Victim/Witness Program, the Mono County District Attorney's Office, the Mammoth Lakes Police Department, the Mono County Sheriff's Department, the Mono County Behavioral Health Department, the Department of Social Services (including CPS), and Wild Iris Services. These agencies will refer victims and witnesses to the program. Excellent working relationships exist between these agencies. The Mono County Victim/Witness Program, the Mono County Behavioral Health Department, and the Department of Social Services (CPS) provide services to the three VOCA victim groups: sexual assault, domestic violence and children crime victims. Wild Iris Women's Services provide services to sexual assault victims and domestic violence victims.

The Victim/Witness Assistance Program consists of the Program Director/District Attorney, Tim Kendall; the Program Coordinator, Sarah Gillespie; assigned District Attorney Investigator partially paid by funds from the Community Corrections Partnership; a part-time

Subrecipient: Mono County Subaward #: VW18280260

Advocate and one volunteer. With the hope to add a full-time Mass Victimization Advocate to our program.

Our program is ADA compliant. We are able to assist handicapped victims and witnesses. There are handicapped parking spaces in our parking lot and we have an elevator to ensure that people are able to get to our second-floor office.

MONO COUNTY VICTIM/WITNESS 2018-2019 BUDGET NARRATIVE

The Mono County Victim/Witness Program's proposed budget supports the stated objectives and activities for the project by providing 100% of the salary and benefits for the Victim/Witness Coordinator.

The Program Coordinator will strive to meet the stated objectives, which are to reach one hundred fifty new victims, and between one hundred fifty and two hundred continued contacts. The Coordinator will provide mandatory and optional services to victims and witnesses of crime as set forth in Penal Code Section 13835. Direct services will be provided to victims of all types of crime.

The Program Coordinator has been the coordinator for 1 year and 6 months. Her duties include providing direct services to victims and witnesses of crime as well as compiling statistics, and preparing quarterly reports, financial reports, and grant writing as required by Cal OES.

The Coordinator is also a member of the Multi-Disciplinary Team, which focuses on child abuse victims. The team is made up of representatives from several different agencies throughout the county and meets each month to discuss child abuse cases and work together to help the victims. The Coordinator just recently completed The California Forensic Interviewing Training and is qualified to conduct child forensic interviews. The Coordinator is also a member of the Domestic Violence Task Force.

This group meets quarterly to discuss current domestic violence cases in the county and work together to better serve domestic violence victims. The Coordinator is also a member of the Sexual Assault Response Team. The Coordinator is on call twenty-four hours a day, 7 days a week.

The Coordinator will devote 100% of her time to providing direct services to victims and witnesses of crime. This budget year we plan to enhance our program in many different aspects including: updating equipment, continuing community outreach, attending trainings and working with and educating allied agencies to insure the best possible outcome for the victims and witnesses we serve. We hope to increase our team by hiring a full-time Mass Victimization Advocate. We are going to purchase a new case management system to help our program run more efficiently and to obtain accurate statistics. We are also going to complete the funding for the purchase of a new victim witness vehicle. The vehicle was purchased through the county general fund and billed to the grant in two separate invoices to allow for a portion of the purchase to be paid with the 2017-2018 monies and the remaining amount to be paid within this grant year. This is the only vehicle our program has.

Subcontracts will not be utilized in this fiscal budget. If any mid-year salary or benefit adjustments are needed, we will submit a 223- modification form to Cal OES.

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Mono County				Subaward #: VW18280260			
A. Personal Services – Salaries/Employee Benefits	17 VOCA	17 VOCA Match	17 VWAO	18 VOCA	18 VOCA Match		COST
Coordinator Salary							\$0
\$5,331.00 x 6 = \$31,986							\$0
\$5,461.00 x 6 = \$32,766	\$64,752						\$64,752
Total = \$64,752.00							\$0
Coordinator Benefits	\$18,059						\$18,059
PERS: \$5,331.00x10 445%x2x6= \$6,681.88							\$0
\$5,461.00x10 445%x2x6=\$6,844.82							\$0
Dental: \$95.00x12= \$1,140.00							\$0
Vision: \$34.00x12= \$408.00							\$0
EBS: \$4.50x12=\$54.00							\$0
Life Insurance: \$2.08x12= \$24.96							\$0
Survivor: \$2.00x12= \$24.00							\$0
Unemployment: \$5,331.00x3%=\$159.93x6=\$959.58							\$0
\$5,461.00x3%= \$163.83x6=\$982.98							\$0
State Disability: \$5,331.00x1.45%=\$77.30x6=\$463.80							\$0
\$5,461.00x1.45%=\$79.18x6=\$475.11							\$0
Office Manager Salary	\$17,905						\$17,905
\$4,953.00x10= \$49,530.00							\$0
\$5,076.00x2=\$10,152.00							\$0
\$59,682x30%=\$17,905.00							\$0
Office Manager Benefits	\$5,204						\$5,204
PERS \$4953 x10.445 %X2 x 10x 30%=\$3104.00							\$0
\$5076x10 445%x2x2x30%=\$636.22							\$0
total: \$3740.22							\$0
Dental- \$95.00 x 12 x 30%= \$342.00							\$0
Vision- \$32.00 x 12 x 30%=\$115.00							\$0
EBS Admin. Fee- \$4.50 x 12 x 30%=\$16.00							\$0
Life Insurance - \$2.08 x 12 x 30%=7.49							\$0
Survivor-\$2.00 x 12 x 30%=7.20							\$0
Unemployment: \$4953x3%x10x30%=\$445.77							\$0
\$5076x3%x2x30%=\$91.37							\$0
State Disability -\$4953x1% x 10 x 30%=\$148.59							\$0
\$5076x1%x2x30%=\$30.46							\$0
Medicare ER- \$4953x1.45% x 10x 30%=215.45							\$0
\$5076x1.45%x2x30%=\$44.16							\$0
Part-time Victim Advocate	\$19,200						\$19,200
\$20 per hour/ 80 hours p/m=\$1,600 x12 = \$19,200							\$0
Part-Time advocate Benifits	\$3,130						\$3,130
PERS: 10 445%x 12=\$2,005.44							\$0
Medicare ER: 1.45%x12=\$278.40							\$0
EBS Admin. Fee: \$4.50x12= \$54.00							\$0
Survivor: \$2.00x 12= \$24.00							\$0
Unemployment: \$1600x3%x 12= \$576.00							\$0
State Disability: \$1600 x1%x 12= \$192.00							\$0
MVA Advocate				\$44,448			\$0
Salary range 60: \$3,704-\$4,501							\$0
\$3,704 per month: \$44,448 per year							\$0
Benefits				\$37,329			\$0
Pers: \$3704x10 445%x12=\$9,285.24							\$0
Medical: \$2000x12=\$24,000							\$0
See second page.							\$0
Personal Section Totals	\$128,250	\$0	\$0	\$81,777	\$0	\$0	\$210,027

BUDGET CATEGORY AND LINE ITEM DETAIL

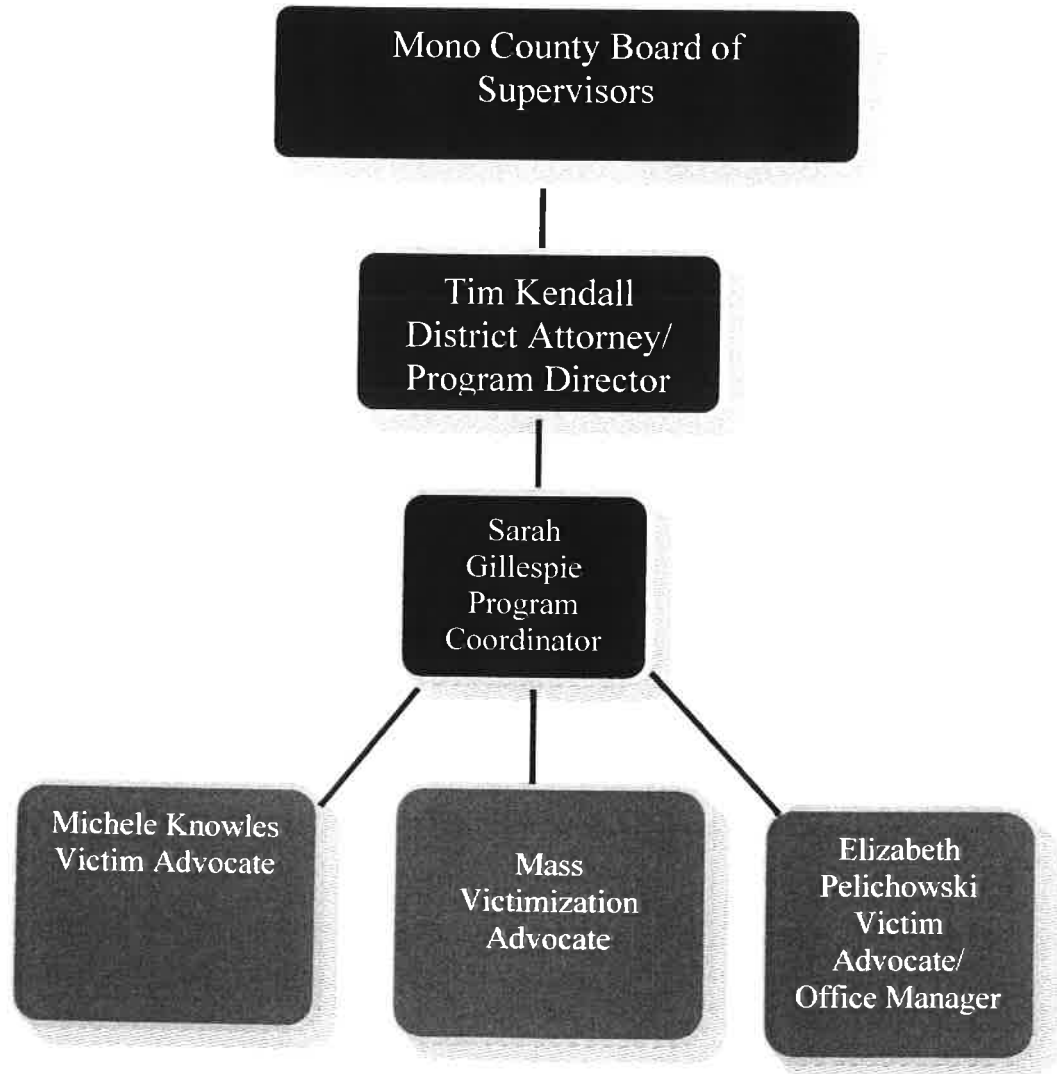
Subrecipient: Mono County				Subaward #: VW18280260			
A. Personal Services – Salaries/Employee Benefits	17 VOCA	17 VOCA Match	17 VWA0	18 VOCA	18 VOCA Match		COST
							\$128,250

Operational Agreements (OA) Summary Form

	List of Agencies/Organizations/Individuals	Date OA Signed (xx/xx/xxxx)	Dates of OA	
			From:	To:
1.	Mono County District Attorney	10/12/18	10/01/18	to 09/30/19
2.	Mammoth Lakes Police Department	10/12/18	10/01/18	to 09/30/19
3.	Mono County Sheriff's Department	10/12/18	10/01/18	to 09/30/19
4.	Wild Iris Services	10/12/18	10/01/18	to 09/30/19
5.	Department of Social Services	10/12/18	10/01/18	to 09/30/19
6.	Mono County Behavioral Health	10/12/18	10/01/18	to 09/30/19
7.				to
8.				to
9.				to
10.				to
11.				to
12.				to
13.				to
14.				to
15.				to
16.				to
17.				to
18.				to
19.				to
20.				to

Use additional pages if necessary.

Mono County Organizational Chart



**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

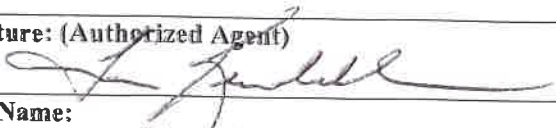
Subrecipient: Mono County		DUNS #: 086128832	FIPS #: 956005661
Grant Disaster/Program Title: Victim/Witness Assistance Program			
Performance Period: 10/01/18 to 9/30/19	Subaward Amount Requested: \$ 328,409 289,553		
Type of Non-Federal Entity (Check Box)	<input checked="" type="checkbox"/> State Gov.	<input type="checkbox"/> Local Gov.	<input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe

Per Title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	<3 years
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
3. How many grants does your organization currently receive?	1-3 grants
4. What is the approximate total dollar amount of all grants your organization receive?	200,000
5. Are individual staff members assigned to work on multiple grants?	Yes
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	No
7. How often does your organization have a financial audit?	Annually
8. Has your organization received any audit findings in the last three years?	No
9. Do you have a written plan on how you charge costs to grants?	Yes
10. Do you have written procurement policies?	Yes
11. Do you get multiple quotes or bids when buying items or services?	Always
12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.?	3-5 years
13. Do you have procedures to monitor grant funds passed through to other entities?	N/A

Certification: <i>This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.</i>	
Signature: (Authorized Agent) 	Date: 10-18-18
Print Name: Tim Kendall	Print Title: District Attorney



OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: District Attorney

TIME REQUIRED 5 minutes

PERSONS APPEARING BEFORE THE BOARD Tim Kendall

SUBJECT License of Karpel Case Management Software

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Software license with Karpel Solutions for a Case Management Software Program through the Victim/Witness Assistance Grant Program.

RECOMMENDED ACTION:

Authorize the District Attorney to enter into a license, maintenance and support agreement with Karpel Solutions for a Case Management Software Program through the Victim/Witness Assistance Grant Program.

FISCAL IMPACT:

No general fund impact. Quoted purchase price, including services to implement, is \$72,625, and is funded through the County's Victim/Witness grant. Additional services and features are available up to \$90,000, for which a decision will be made to pursue if sufficient budgetary savings is available in the Victim/Witness grant to fund.

CONTACT NAME: Elizabeth Pelichowski

PHONE/EMAIL: 760-932-5550 / epelichowski@mono.ca.gov

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download
<input type="checkbox"/> Staff Report
<input type="checkbox"/> Contract
<input type="checkbox"/> Pricing Proposal
<input type="checkbox"/> V / W Packet

History

Time	Who	Approval
11/15/2018 5:35 AM	County Administrative Office	Yes
11/15/2018 5:17 PM	County Counsel	Yes
11/15/2018 5:32 PM	Finance	Yes

County of Mono Office of the District Attorney

www.monocountydistrictattorney.org

Bridgeport Office:
Main St. Court House, P.O. Box 617
Bridgeport, CA. 93517
Tel:(760)932-5550 fax: (760)932-5551



Mammoth Office:
Sierra Center Mall, P.O. Box 2053
Mammoth Lakes, CA. 93546
Tel:(760)924-1710 fax: (760)924-1711

Tim Kendall - District Attorney

TO: Honorable Board of Supervisors
FROM: Tim Kendall, District Attorney
DATE: October 28, 2018

Subject

Authorize the License Agreement and Maintenance/user agreement for Karpel Case Management Software Program from Karpel Solutions.

Recommendation

Authorize the District Attorney and County to enter into a License Agreement and Maintenance agreement for software and services of a Case Management Software Program by Karpel Solutions.

Discussion

The Mono County District Attorney's Office operates a mandated Victim/Witness Assistance Program and receives federal grant funds for the sole purpose of providing a variety of services to victims and witnesses of crimes. There is a need to track and report statistical information back to the state and the District Attorney's current case management software is inadequate for the necessary statistical information required by the state. As a result, the District Attorney has written into the 2018-2019 Victim/Witness grant the cost to lease new software which will help track and report the required information. To fill this requirement, the District Attorney has contacted Karpel Solutions company which specializes in working with County Prosecutor's offices. The District Attorney is currently in the position to enter into a contract for the Karpel software and services and based on the purchase price is asking for Board approval. *Contract is attached.*

Fiscal Impact

No general fund impacts. Estimated purchase price is \$72,625 from the Victim/Witness Grant.



9717 Landmark Parkway Dr. • Suite 200 • St. Louis, MO 63127 • 314-892-6300 •

Mono County District Attorney's Office

HOSTEDbyKarpel Agreement

For

PROSECUTOR by **KARPEL**

A Hosted Solution

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This agreement between Karpel Computer Systems Inc., a Missouri corporation, doing business as Karpel Solutions (hereinafter referred to as "Karpel Solutions") and Mono County, a political subdivision of the State of California (hereinafter referred to as "Client") is for the purposes of reviewing this proposal and to enter into the contract below wherein Karpel Solutions agrees to provide internet based software hosting through HOSTEDbyKarpel of the copyrighted software program known as PROSECUTORbyKarpel® that has been licensed to Client.

1. DEFINITIONS

- a. "Confidential Information" means information of either Karpel Solutions or Client which is disclosed under this Agreement in oral, written, graphic, machine recognizable, electronic, sample or any other visually perceptible form by one of us to the other, and which is considered to be proprietary or trade secret by the disclosing party. Confidential Information of Karpel Solutions expressly includes, without limitation, the Software and Documentation. The Confidential Information of Client includes, without limitation, Personally Identifiable Information and Client Content. Confidential Information shall not include information which the party receiving the information can document: (i) was in the possession of or known by it without an obligation of confidentiality prior to receipt of the information, (ii) is or becomes general public knowledge through no act or fault of the party receiving the information, (iii) is or becomes lawfully available to the receiving party from a third party without an obligation of confidentiality, or (iv) is independently developed by the receiving party without the use of any Confidential Information.
- b. "Client Content" means all data, information, documents, and file Client uploads or inputs into PbK on the Service through the website, including, without limitation, Personally Identifiable Information.
- c. "Enhancements" means any specific configurations or customizations to the Software, which Client may request and Karpel Solutions agrees in writing to provide.
- d. "Documentation" means any operating instructions, specifications and other documentation related to the operation, description and function of PbK, the Service or Website provided by Karpel Solutions whether supplied in paper or electronic form.
- e. "Intellectual Property" means any patents, patent applications, copyrights, mask works, trademarks, service marks, trade names, domain names, inventions, improvements (whether patentable or not), trade secrets, Confidential Information, moral rights, and any other intellectual property rights.
- f. "Hosted" or "Hosting" means the act of providing service and access to Client Content by the Internet.
- g. "Personally Identifiable Information" means any information that may be used to identify specific persons or individuals, which is collected by either Karpel Solutions or Client for use in conjunction with the use of PbK on HOSTEDbyKarpel. Personally Identifiable Information shall be considered Confidential Information.
- h. "PbK" means the PROSECUTORbyKarpel criminal case management system and specifically the Client's licensed copy of PROSECUTORbyKarpel.

- i. "Service" means the HOSTEDbyKarpel hosting platform provided by Karpel Solutions which allows internet based hosting of the Client's licensed copy of PbK through the Website.
- j. "Service Level Requirements" means the technical service levels Karpel Solutions shall meet for Services as set forth below in the Service Level Commitments for the delivery of the Services.
- k. "Software" means the Client's licensed copy of the PbK application, and includes any and all updates, enhancements, underlying technology or content, law enforcement transfer interfaces, other Enhancements and any Documentation as may be provided the Client by Karpel Solutions.
- l. "Website" means the content and functionality currently located at the domain www.hostedbykarpel.com on the internet, or any successor or related domain that provides access to the Software and Service

2. FEES AND TERMS

- a. FEES. Client will pay Karpel Solutions \$100 per year for each user that has access to the Software through the Service and Website. A total of 9 users of Client are authorized access to the Service under this Agreement and the aggregate space for all users and all information hosted by the Service is limited to two terabytes (2TB) of storage. Additional users can be added at any time by Client at a rate of \$100 per year. If storage exceeds 2TB, any additional storage above 2TB will be billed at a flat rate of \$100 per 1TB / per month with no additional notice provided to the Client. Client will be billed on an annual basis.

In the event Client or Karpel terminates this agreement, Client understands and agrees to pay \$1,000 to Karpel Solutions for work in connection with the return of Client Content and Confidential Information.

Client will pay Karpel Solutions a flat one-time fee of \$1,000 for the migration of their PbK licensed copy to the Service accessible through the Website

- b. TERM. The term of this Agreement shall be for (1) year and will begin upon Karpel Solutions' receipt of Client's full payment of the applicable fees for a year. Such term shall be perpetual and automatically renew for subsequent terms of equal length, unless either Karpel Solutions or Client gives notice to the other party thirty (30) days prior to the expiration of the then-current term of intent not to renew. Prior to the expiration of the term, Karpel Solutions will send Client a renewal invoice, which must be paid in full within thirty (30) days from the date of the invoice. Pricing of subsequent annual terms may be subject to change at the sole discretion of Karpel Solutions.
- c. INTEREST AND LATE FEES. Past due accounts will be charged interest on a monthly basis, calculated at one and one-half percent (1.5%) per month of the unpaid balance or the maximum rate allowable by law.

3. SERVICE LEVEL COMMITMENT

- a. UPTIME. Karpel Solutions is committed to providing the Software, Website and Service in a consistent and reliable manner. Karpel Solutions will provide the Software, Website and Service to Client with a stated minimum uptime of 99.5% to Client.

- b. **SCHEDULED MAINTENANCE.** Karpel Solutions periodically performs scheduled maintenance including but not limited to outline, preventative or emergency maintenance of the Software, Website, and/or Service. Client understands that schedule maintenance may affect availability of the Service, Website, and/or Software. If schedule maintenance is to be performed Karpel Solutions will provide notice to Client three (3) days prior to the scheduled maintenance. Karpel Solutions will make every effort to schedule maintenance outside of normal business hours of the client between the hours of ten (10) p.m. and five (5) a.m. Central Standard Time.
- c. **DATA RETENTION AND BACKUPS.** As a part of the Service and Website, Karpel Solutions will maintain under this Agreement consistent, regular and validated backup both onsite and offsite of the Client Content, Confidential Information and Software. Backups occur and will be maintained pursuant to Karpel Solutions internal backup policies. Upon written request, Karpel Solutions will make available to Client a copy of Karpel Solutions' current backup policies and procedures.
- d. **AUDITS AND SECURITY.** Karpel Solutions is committed to maintaining the security of Client Content, Confidential Information, and Software on Karpel Solutions' Service and Website. Karpel Solutions will maintain the Software, Website and Service in a secure manner subject to the Customer Obligations outlined below. Karpel Solutions will perform annual security audits of the Website and Service to ensure the integrity and security of the Website and Service. Results of the Audits and Security Policy for Karpel Solutions will be made available to Client upon written request.

Karpel Solutions agrees to comply with applicable provisions of the federal, state, and county laws, regulations. All data housed by Karpel Solutions for the provision of this application will be housed in a manner compliant with NIST 800-53, CJIS, FedRamp, and HIPAA. Karpel Solutions ensures that information and records kept, maintained, or otherwise accessible by Karpel Solutions in the course of providing services and work under this Agreement, shall be considered privileged, restricted, and confidential. Karpel Solutions agrees to keep confidential, all such privileged, restricted or confidential information and records obtained in the course of providing the work and services under this Agreement. Disclosure of such information or records shall be made by Karpel Solutions only with the express written consent of the County.

Karpel Solutions will work in coordination and cooperatively with in order to satisfy any Client audits or necessary compliance requirements as established by State or Federal regulations.

In the case of a data breach, Contractor shall notify the County immediately and inform what information was lost or likely lost. Additionally, Contractor shall be prepared to formally announce the breach in a public forum, including print and digital to cover all affected parties.

- e. **DATA TRANSMISSION.** Karpel Solutions ensures that all data transmitted to and from the Service and Website is transmitted at a minimum level of 128-bit SSL encryption using digital certificates issued by an internationally-recognized domain registrar and certificate authority.
- f. **DATA LOCATION.** Karpel Solutions will maintain the Service, Software, Client Content and Confidential Information of Client in a SAS 70/SSAE 16 certified data facility.

4. CUSTOMER OBLIGATIONS

- a. **PASSWORD PROTECTION.** Access to the Software through the Service and Website is password-protected. Karpel Solutions provides multiple authentication alternatives for access to the Website and Software. **KARPEL SOLUTIONS STRONGLY ENCOURAGES THE USE OF STRONG PASSWORD AUTHENTICATION.** Karpel Solutions is not responsible for Client's use of the Service, Website or Software. Only the number of users set forth above may access the Service and Website. Client must inform their users that they are subject to, and must comply with, all of the terms of this Agreement. Client is fully responsible for the activities of Client's employees and authorized agents who access the Service and Website. Karpel Solutions is not liable for any unauthorized access to the Service and Website, including without limitation access caused by failure to protect the login and password information of users.
- b. **RESTRICTIONS ON USE.** Client agrees to conduct all activities on the Service and Website in accordance with all applicable laws and regulations. Access to the Service, Website, Software and Documentation must be solely for Client's own internal use. Client may not (and may not allow any third party to) (i) decompile, mirror, translate, disassemble or otherwise reverse engineer any part of the Software, source code, algorithms, or underlying ideas of the Software; (ii) provide, lease, lend, subcontract, sublicense, re-publish or use for timesharing, service bureau or hosting purposes any or all of the Software or Documentation; or (iii) reproduce, modify, copy, distribute, publish, display or create derivative works of any or all of the Software or Documentation or (iv) alter, remove, or obscure any copyright, trademark or other proprietary notices or confidentiality legends on or in the Software or Documentation.
- c. **SUSPENSION.** Karpel Solutions reserves the right to immediately suspend access to Software without notice and at any time that Karpel Solutions suspects or has reason to suspect a security, data breach or if suspension is necessary to protect its rights, Client's rights or the rights of a third party. Karpel Solutions will immediately contact Client upon suspension of the Service and Website.

5. CONFIDENTIALITY

CONFIDENTIALITY. Confidential Information may not be, directly or indirectly, copied, reproduced, or distributed by either party to the Agreement receiving the Confidential Information except to the extent necessary for the receiving party to perform under the terms of this Agreement and only for the sole benefit of the party disclosing the Confidential Information. The party to the Agreement receiving Confidential Information may not, directly or indirectly, sell, license, lease, assign, transfer or disclose the Confidential Information of the disclosing party, except as allowed under the terms of this Agreement or upon written consent of the disclosing party.

Client will maintain all rights and privileges to its specific database content. Karpel Solutions shall have no rights or privileges to database content, other than as required to implement Karpel Solutions technology and for the purpose of training, research, support, and maintenance of the licensed software.

Karpel Solutions shall not publish or disclose, permit or cause to be published, disclosed, or used, any confidential information pertaining to a public social services applicant(s) or recipient(s) obtained in the course of work performed for or with Client.

PERSONALLY IDENTIFIABLE INFORMATION. The parties recognize that certain data Client or Karpel Solutions may use in conjunction with the Software may be confidential Personally Identifiable Information. Karpel Solutions shall use all best efforts to protect the confidentiality of Personally Identifiable Information.

In the event of a breach, Karpel Solutions shall comply with all mandated reporting requirements.

- a. Karpel Solutions shall have no liability for disclosure of Personally Identifiable Information caused by Client's own negligence or misconduct.
- b. **DISCLOSURE REQUIRED BY LAW.** In the event that any Confidential Information is required to be disclosed pursuant to any law, code, regulation or court order from a court of competent jurisdiction, the receiving party shall give the disclosing party immediate written notice of such requirement and shall use its best efforts to seek or to cooperate with the disclosing party in seeking a protective order with respect to the Confidential Information requested.
- c. **INJUNCTIVE RELIEF.** Any breach of the confidentiality provisions of this Section will cause irreparable harm to the other party. The parties agree that the non-breaching party may enforce the provisions of this Section by seeking an injunction, specific performance, criminal prosecution or other equitable relief without prejudice to any other rights and remedies the non-breaching party may have.

6. OWNERSHIP OF INTELLECTUAL PROPERTY

- a. **KARPEL SOLUTIONS OWNERSHIP.** Karpel Solutions retains all right, title and interest in and to the Software, Documentation, Website, Service and related Intellectual Property. Any suggestions, solutions, improvements, corrections or other contributions Client provides regarding the Software, Documentation, Website or Services will become the property of Karpel Solutions and Client hereby assigns all such rights to Karpel Solutions without charge.
- b. **CLIENT OWNERSHIP.** Client retains all rights, title and interest in and to the Client Content, and all related Intellectual Property. Client hereby grants to Karpel Solutions and Karpel Solutions hereby accepts a non-exclusive, non-transferable, worldwide, fully-paid license to use, copy, and modify the Client Content solely to the extent necessary and for the sole purposes of providing access to the Software, Documentation, Website, and Services or otherwise complying with its obligations under this Agreement. This data may only be used to provide service and functionality to the Client and not for any other purpose.

7. WARRANTY

- a. **LIMITED WARRANTY.** Karpel Solutions warrants it will provide the Services and Website in a professional manner by qualified personnel. Karpel Solutions warrants it has the requisite power and authority to enter into and perform its obligations under this Agreement. Karpel Solutions warrants that the performance by Karpel Solutions of any services described in the Agreement shall be in compliance with all applicable laws, rules and regulations. Karpel Solutions warrants it will provide access to and use of the Software, Service and Website in material accordance with the Service Level Commitment outlined above. No representations or warranties as to the use, functionality or operation of the Website, Software, or Service are made by Karpel Solutions other than as expressly stated in this Agreement.
- b. **INTERNET.** Karpel Solutions makes the Website, Software and Services available to Client through the internet to the extent commercially reasonable, and subject to outages, communication and data flow failures, interruptions and delays inherent in Internet communications. Client recognizes

that problems with the Internet, including equipment, software and network failures, impairments or congestion, or the configuration of Client's computer systems, may prevent, interrupt or delay Client's access to the Service, Website or Software. Karpel Solutions is not liable for any delays, interruptions, suspensions or unavailability of the Website or Software attributable to problems with the Internet or the configuration of Client's computer systems or network.

- c. **SYSTEM REQUIREMENTS.** Karpel Solutions provides the Services and Website based upon the system requirements as specified by Karpel Solutions for Client. Karpel Solutions has no liability for any failure of the Services or the Software based upon Client's failure to comply with the system requirements of Karpel Solutions.
- d. **WARRANT LIMITATION.** The warranties set forth in this Agreement do not apply if non-compliance is caused by, or has resulted from (i) Client's failure to use any new or corrected versions of the Software or Documentation made available by Karpel Solutions, (ii) use of the Software or Documentation by Client for any purpose other than that authorized in this Agreement, (iii) use of the Software or Documentation in combination with other software, data or products that are defective, incompatible with, or not authorized in writing by Karpel Solutions for use with the Software or Documentation, (iv) misuse of the Software or Documentation by, (v) any malfunction of Client's software, hardware, computers, computer-related equipment or network connection, (vi) any modification of the Software not performed by or otherwise authorized by Karpel Solutions in writing, or (vii) an event of Force Majeure.
- e. **DISCLAIMER. THE FOREGOING WARRANTIES ARE EXCLUSIVE AND ARE MADE IN LIEU OF ALL OTHER WARRANTIES, EITHER EXPRESS AND IMPLIED, WHICH ARE HEREBY DISCLAIMED, INCLUDING WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF NON-INFRINGEMENT, TITLE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND ANY WARRANTIES ARISING OUT OF A USE IN TRADE OR COURSE OF DEALING OR PERFORMANCE. KARPel SOLUTIONS DOES NOT WARRANT (i) THAT ACCESS TO OR USE OF ALL OR ANY PART OF THE SERVICE, SOFTWARE, DOCUMENTATION OR WEBSITE WILL BE CONTINUOUS, ERROR-FREE OR UNINTERRUPTED, (ii) THAT THE RESULTS ARISING OUT OF CLIENT'S USE OF THE SOFTWARE, DOCUMENTATION OR WEBSITE WILL BE ACCURATE, COMPLETE OR ERROR-FREE, OR (iii) THAT THE SERVICE, SOFTWARE, DOCUMENTATION OR WEBSITE WILL MEET CLIENT'S NEEDS.**
- f. **EXCLUSIVE REMEDIES.** If the Website, or Services provided under this Agreement does not materially comply with the requirements stated in the Limited Warranty Section outlined above, Karpel Solutions sole obligation shall be to correct or modify the Website or Services, at no additional charge. If Karpel Solutions determines it is unable to correct what is non-conforming, Client's sole remedy will be to receive a refund of the fees paid for the non-conforming or Services, even if such remedy fails of its essential purpose. You may also terminate this Agreement as set forth in the termination provision of this Agreement.

WORKERS' COMPENSATION

Contractor shall provide Statutory Workers' Compensation insurance coverage and Employer's Liability coverage for not less than \$1 million (\$1,000,000.00) per occurrence for all employees engaged in services or operations under this Agreement. Any insurance policy limits in excess of the specified minimum limits and coverage shall be made available to County as an additional insured. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of County for all work performed by Contractor, its employees, agents, and subcontractors.

INSURANCE

Contractor shall procure and maintain, during the entire term of this Agreement or, if work or services do not begin as of the effective date of this Agreement, commencing at such other time as may be authorized in writing by the County Risk Manager, the following insurance (as noted) against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by Contractor, its agents, representatives, employees, or subcontractors:

General Liability. A policy of Comprehensive General Liability Insurance which covers all the work and services to be performed by Contractor under this Agreement, including operations, products and completed operations, property damage, bodily injury (including death) and personal and advertising injury. Such policy shall provide limits of not less than \$1,000,000.00 per claim or occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project or the general aggregate limit shall be twice the required occurrence limit.

Automobile/Aircraft/Watercraft Liability Insurance. A policy of Comprehensive Automobile/Aircraft/Watercraft Liability Insurance for bodily injury (including death) and property damage which provides total limits of not less than \$1,000,000.00 per claim or occurrence applicable to all owned, non-owned and hired vehicles/aircraft/watercraft. If the services provided under this Agreement include the transportation of hazardous materials/wastes, then the Automobile Liability policy shall be endorsed to include Transportation Pollution Liability insurance covering materials/wastes to be transported by Contractor pursuant to this Agreement. Alternatively, such coverage may be provided in Contractor's Pollution Liability policy.

Professional Errors and Omissions Liability Insurance. A policy of Professional Errors and Omissions Liability Insurance appropriate to Contractor's profession in an amount of not less than \$1,000,000.00 per claim or occurrence/ \$2,000,000.00 general aggregate. If coverage is written on a claims-made form then: (1) the "retro date" must be shown, and must be before the beginning of contract work; (2) insurance must be maintained and evidence of insurance must be provided for at least five years after completion of the contract work; and (3) if coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a "retro date" prior to the contract effective date, then Contractor must purchase "extended reporting" coverage for a minimum of five years after completion of contract work.

Cyber Liability Insurance: with limits not less than \$2,000,000 per occurrence or claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Vendor in this agreement and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration

of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

Coverage and Provider Requirements. Insurance policies shall not exclude or except from coverage any of the services and work required to be performed by Contractor under this Agreement. The required polic(ies) of insurance shall be issued by an insurer authorized to sell such insurance by the State of California, and have at least a "Best's" policyholder's rating of "A" or "A+". Prior to commencing any work under this agreement, Contractor shall provide County: (1) a certificate of insurance evidencing the coverage required; (2) an additional insured endorsement for general liability applying to the County of Mono, its agents, officers and employees made on ISO form CG 20 10 11 85, or providing equivalent coverage; and (3) a notice of cancellation or change of coverage endorsement indicating that the policy will not be modified, terminated, or canceled without thirty (30) days written notice to the County.

Deductible, Self-Insured Retentions, and Excess Coverage. Any deductibles or self-insured retentions must be declared and approved by Mono County. If possible, the Insurer shall reduce or eliminate such deductibles or self-insured retentions with respect to Mono County, its officials, officers, employees, and volunteers; or the Contractor shall provide evidence satisfactory to Mono County guaranteeing payment of losses and related investigations, claim administration, and defense expenses. Any insurance policy limits in excess of the specified minimum limits and coverage shall be made available to County as an additional insured.

Subcontractors. Contractor shall require and verify that all subcontractors maintain insurance (including Workers' Compensation) meeting all the requirements stated herein and that County is an additional insured on insurance required of subcontractors.

8. LIMITATION OF LIABILITY

KARPEL SOLUTIONS IS NOT RESPONSIBLE FOR ANY LOSS OF DATA, COST OF PROCUREMENT OF SUBSTITUTE GOODS, SPECIAL, INDIRECT, INCIDENTAL, EXEMPLARY, PUNITIVE, OR CONSEQUENTIAL DAMAGES ARISING OUT OF ANY BREACH OF THIS AGREEMENT, EVEN IF KARPEL SOLUTIONS HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THIS LIMITATION APPLIES TO ALL CAUSES OF ACTION, WHETHER ASSERTED ON THE BASIS OF CONTRACT, TORT (INCLUDING NEGLIGENCE OR STRICT LIABILITY), STATUTE OR OTHERWISE. UNLESS OTHERWISE SPECIFICALLY STATED, ALL REMEDIES AVAILABLE UNDER THIS AGREEMENT AND ALL REMEDIES PROVIDED BY LAW, WILL BE DEEMED CUMULATIVE AND NOT EXCLUSIVE. REGARDLESS OF THE FORM OF ANY CLAIM CLIENT MAY HAVE ARISING UNDER OR RELATING TO THIS AGREEMENT, KARPEL SOLUTIONS LIABILITY FOR ANY DAMAGES SHALL NOT EXCEED THE INSURANCE POLICY LIMITS OF KARPEL SOLUTIONS.

9. INDEMNIFICATION

- a. **CLIENT'S INDEMNIFICATION.** Client will indemnify, defend, and hold harmless Karpel Solutions from and against any and all liability, damage, loss or expense (including reasonable attorneys' fees) arising out of (i) any claim, demand, action or proceeding, statutory or otherwise, based on allegations arising as a result of use of the Website, Software, Documentation or Services in a manner not expressly described or permitted by this Agreement, (ii) use of the Website, Software, Documentation or Services in any unlawful manner or for any unlawful purpose, (iii) Karpel Solutions' use of Client Content that infringes any third party Intellectual Property, or (iv) Karpel Solutions' use of Client Content as permitted by this Agreement that violates the privacy rights or the rights to Personally Identifiable Information of a third party.

- b. **KARPEL SOLUTIONS' INDEMNIFICATION.** Karpel Solutions will at its own expense (including payment of attorneys' fees) defend Client in the event that any suit is brought against Client based on a claim that the Software directly infringes any valid U.S. Intellectual Property right and shall indemnify, including cost to defend, entity and its officers, officials, employees and volunteers from and against any and all claims, demands, costs, or liability that arise out of, or pertain to, or relate to the negligence, recklessness, or willful misconduct of Karpel Solutions and its employees or agents in the performance of services under this contract. Karpel Solutions will not be liable for any cost or expense of defense Client incurs in connection with any such suit or claim due to the recklessness or willful misconduct of the Client (users, officers, employees and volunteers).

Notwithstanding the foregoing, Karpel Solutions has no obligations under this Section in the event any infringement claim is solely or in part based upon or arising out of any modification or alteration to the Software not made by Karpel Solutions, (ii) any combination or use of the Software with products, hardware or services not supplied by Karpel Solutions or approved in writing by Karpel Solutions in advance of such combination, (iii) Client's continuance of allegedly infringing activity after being notified of such activity, or after being informed of modifications that would have avoided the alleged infringement, (iv) Client's failure to use corrections or enhancements made available by Karpel Solutions, (v) use of the Software not in accordance with the applicable Documentation or outside the scope of this Agreement, or (vi) the use of the Software in a manner for which it was neither designed nor contemplated.

Karpel Solutions' aggregate liability and obligation under this Section will be will not exceed the insurance policy limits of Karpel Solutions. The foregoing remedies constitute Client's sole and exclusive remedies, and Karpel Solutions' entire liability and obligation, with respect to any suit or claim for infringement or misappropriation of third party Intellectual Property or other right by the license and/or use of the Software.

- c. **NOTIFICATION.** The indemnification obligations set forth above will apply only if and to the extent (i) the indemnified party gives prompt written notice to the indemnifying party of the assertion of any such claims, demands, action or proceeding, (ii) the indemnifying party has the right to select counsel and control the defense and all negotiations for settlement thereof and (iii) the indemnified party provides all reasonable information, assistance and cooperation required to defend such claim, demand, action or proceeding. The indemnifying party shall not settle or dispose of any such claim, demand, action or proceeding without written notification to the indemnified party provided the settlement or disposal materially adversely impacts the indemnified party.

10. TERMINATION

- a. **TERMINATION.** Client may terminate this Agreement thirty (30) business days after it has provided Karpel Solutions with written notice that it believes that Karpel Solutions has failed to perform under, or materially breaches, this Agreement and of the Client's intent to terminate the Agreement. Karpel Solutions may terminate this Agreement with one hundred and eighty (180) days written notice. Either party may immediately terminate this Agreement in the event the other party (i) files for, or has filed against it, a bankruptcy petition, and such petition is not dismissed within sixty (60) days of the filing date; or (ii) ceases to conduct business in the normal course, (iii) makes an assignment for the benefit of its creditors, (iv) is liquidated or otherwise dissolved, (v) becomes insolvent or unable to pay its debts in the normal course, or (vi) has a receiver, trustee or custodian appointed for it.

RIGHTS AFTER EXPIRATION OR TERMINATION. Upon expiration or termination of this Agreement, Upon termination of this Agreement, Contractor shall ensure that any and all of County's data maintained by Contractor is extracted in a commercially recognized format acceptable to County prior to the termination date or the completion of the Disentanglement period, whichever is later, and that said data is securely transmitted or delivered to County or County's designee. Karpel Solutions will immediately terminate Client's access to and use of the Website, Documentation, and Services. Upon expiration or termination of this Agreement, each party shall immediately cease to make use of any Confidential Information received from the other party. Within thirty (30) days of written request following termination or expiration of this Agreement, Karpel Solutions shall coordinate with Client a mutual agreeable manner for the return of Client Content and Confidential Information obtained or shared during the course of the Agreement. Client understands that upon any termination or expiration of this Agreement, Client must return to Karpel Solutions (or destroy and certify such destruction in writing) any Documentation or other materials provided by Karpel Solutions, whether in written or electronic form, regarding the Website, Software or Services provided under this Agreement. Termination is not an exclusive remedy.

11. SOURCE CODE ESCROW

Within 30 days following Final Acceptance by the County, Contractor shall add the County to the list of customers that are reflected on its multi-party escrow agreement. Contractor, on behalf of its customers, has entered into an escrow agreement, and deposited its source code for the Software and relevant explanatory documentation. Such deposit shall be updated from time to time by Contractor such that what is on deposit with the Escrow Agent reflects Enhancements, Customizations and other modifications to the Software licensed to the County. Should certain events reflected in the escrow agreement occur, then the County may demand the release, and upon such demand receive the source code and accompanying documentation from the Escrow Agent. In the event the source code is released to the County, the County shall have the right to use the source code to provide technical improvements and enhancements to the Software, but shall not have the right to sell, assign or transfer the right to use the Software to another party. Contractor's obligations and the County's rights under the escrow arrangement shall cease to exist upon termination or expiration of this Agreement.

12. MARKETING

Client agrees that Karpel Solutions may identify Client as a customer of Karpel Solutions in Karpel Solutions' written promotional and marketing materials, as well as in any oral or visual presentations regarding the business of Karpel Solutions. Karpel Solutions may use any non-Confidential Information; such as aggregate statistical information as part of Karpel Solutions overall statistics for marketing or promotional efforts.

13. GENERAL PROVISIONS

- a. **ASSIGNMENT.** This Agreement will inure to the benefit of and be binding upon Karpel Solutions and Client and Karpel Solutions' respective successors and assigns. Notwithstanding the foregoing, Client may not assign or otherwise transfer this Agreement or Client's rights and obligations under this Agreement without the prior written consent of Karpel Solutions, and any purported assignment or other transfer without such consent will be void and of no force or effect. Karpel Solutions may assign and /or transfer this Agreement or Karpel Solutions' rights and obligations under this Agreement at any time.
- b. **MODIFICATION AND WAIVER; SEVERABILITY.** Any modifications of this Agreement must be in writing and signed by both parties. A waiver by either party of a term or condition will not be deemed a

waiver of any other or subsequent term or condition. Should any court of competent jurisdiction determine that any term or provision of this Agreement is unenforceable, or otherwise invalid, the offending term or provision will be modified to the minimum extent necessary to render it enforceable. If such modification is not possible, the term or provision will be severed from this Agreement with the remaining terms to be enforced to the fullest extent possible under the law.

- c. **FORCE MAJEURE.** Except for a party's payment obligations hereunder, neither party shall be deemed in default of this Agreement to the extent that performance of its obligations or attempts to cure any breach thereof are delay or prevented by reason of any act of God, government, fire, natural disaster, accident, terrorism, network or telecommunication system failure, sabotage or any other cause beyond the control of such party ("Force Majeure"), provided that such party promptly gives the other party written notice of such Force Majeure.
- d. **INDEPENDENT CONTRACTORS.** The parties will be deemed to have the status of independent contractors, and nothing in this Agreement will be deemed to place the parties in the relationship of employer-employee, principal-agent, or partners or joint ventures. Neither party has the authority to bind, commit or make any representations, claims or warranties on behalf of the other party without obtaining the other party's prior written approval.
- e. **NOTICES.** Any notices provided under this Agreement will be in writing in the English language and will be deemed to have been properly given if delivered personally or if sent by (i) a recognized overnight courier, (ii) certified or registered mail, postage prepaid, return receipt requested, or (iii) facsimile, if confirmed by mail. Karpel Solutions' address for such notices is set forth below. Client's address for such notices will be the address on file with Karpel Solutions as provided by Client. Such address or contact information may be revised from time to time by provision of notice as described in this Section. All notices sent by mail will be deemed received on the tenth (10th) business day after deposit in the mail. All notices sent by overnight courier will be deemed given on the next business day after deposit with the overnight courier. All notices sent by facsimile will be deemed given on the next business day after successful transmission.

Karpel Solutions
9717 Landmark Parkway, Suite 200
St. Louis, MO 63127
(314) 892-6300
mziemianski@karpel.com

- f. **GOVERNING LAW AND DISPUTE RESOLUTION.** This Agreement is to be construed and governed by the laws of the United States and the State of California, without regard to conflict of laws provisions. Any dispute arising out of or in connection with this Agreement, which cannot be settled amicably between the parties must be brought exclusively in the appropriate court located in California, and Client expressly waives any and all objections regarding jurisdiction and forum non conveniens. If either Karpel Solutions or Client employs attorneys to enforce any rights arising out of or relating to this Agreement, the prevailing party will be entitled to recover reasonable attorneys' fees and costs.

14. ENTIRE AGREEMENT

By signing below, Client hereby agrees to the above Agreement. This document constitutes the entire agreement between Client and Karpel Solutions with respect to the subject matter discussed above. Any waiver of any provision of this Agreement will be effective only if in writing and signed by Karpel Solutions. This Agreement supersedes and replaces all prior or contemporaneous understandings or agreements, written or oral, regarding this subject matter. This Agreement will inure to the benefit of Karpel Solutions successors, assigns and licensees.

MONO COUNTY

Name

Title

Date

KARPEL SOLUTIONS


Name

Title

Date



**INFORMATION TO THE MONO COUNTY DISTRICT ATTORNEY'S OFFICE
FOR A CASE MANAGEMENT SOLUTION**

Karpel Solutions

Contact: John Kitsmiller, Sales Executive

Phone: (314) 892-6300 x145

jkitsmiller@karpel.com

July 16, 2018

Pricing Proposal

Itemized and Total Cost

The following tables show the itemized and total cost for your solution.

Software Products/Licensing	Qty.	Price	Total
PROSECUTOR by Karpel	9	\$2,250	\$20,250
Total Software			\$20,250

Installation Services	Qty.	Price	Total
SQL Database configuration	1	\$1,000	\$1,000
‡ Client Support Tool/Scanning tool and system compatibility check	9	\$50	\$450
Total Installation Services			\$1,450

Professional Services	Qty.	Price	Total
Project Management			\$0
Online Pre-implementation Meetings (hours)	12	\$150	\$1,800
Data Conversion (Software Unlimited)	1	\$7,500	\$7,500
LaserFiche Document Conversion	1	\$5,000	\$5,000
Document Conversion (up to 100 documents)	1	\$2,500	\$2,500
Total Professional Services			\$16,800

Onsite Training Services	Qty.	Price	Total
On Site Training (days)	5	\$2,400 2 trainers	\$12,000
Total Onsite Training Services			\$12,000

Customization Services*	Qty.	Price	Total
Law Enforcement Interface - RIMS	1	\$10,000	\$10,000
Total Customization Services			\$10,000



Annual Support Services	Qty.	Price	Total
PROSECUTORbyKarpel	9	\$450	\$4,050
Statewide Datasharing	9	\$50	\$450
eDiscovery	1	\$1,125	\$1,125
Interface Support	1	\$2,000	\$2,000
Hosted Services (per user/year)	9	\$100	\$900
Total Annual Support Services			\$8,525

Total Project Cost **\$69,025**

Estimated Travel Expenses \$3,600

Total First Year Cost **\$72,625**

Optional Services/Cost	Price
Document conversion (per document)	\$25
Court Interface (configuration/setup)	\$10,000
<i>Court Interface Annual Support Fee</i>	\$2,000
Post Implementation training- on site (min 1 day)	\$1,200
Post Implementation training- on-line (min 2 hrs.)	\$150
Hourly rate for personnel	\$150

Executive Summary

Karpel Solutions will provide prosecutor case management software that meets your requirements and is specially configured to match your workflow needs.

We offer an array of advantages over competing vendors, for instance:

PROSECUTORbyKarpel is flexible to your needs

PROSECUTORbyKarpel's configurability distinguishes it from other case management systems. At Karpel, we realize that your agency is unique. You use different workflows, have different reporting needs, use different documents, follow different rules, and need different security privileges,

With PROSECUTORbyKarpel, you are not limited by the needs of "most" agencies. If given the project, we will work with you to learn and define your needs exactly, and then we will configure PROSECUTORbyKarpel to meet those needs.

You can configure PROSECUTORbyKarpel yourself

Besides performing the initial configurations of PROSECUTORbyKarpel for you, we will teach your administrators to configure the software as well. With other vendors, when your needs change, you would need to go through them for expensive customizations.

PROSECUTORbyKarpel, on the other hand, can be configured without our assistance.

You still receive all the benefits of a COTS solution

Although PROSECUTORbyKarpel is completely configurable to your needs, from a technical

perspective it is the same version that all Karpel's prosecution customers use, allowing you to take advantage of the knowledge, input, documents, and reports of our nationwide customer base, and we provide an online method for you to interact with these agencies.

PROSECUTORbyKarpel has been proven by multiple large prosecuting agencies

PROSECUTORbyKarpel's excellence can be attested to by some of the largest prosecuting offices in the country. We have worked with prosecuting agencies since our inception, meaning our development and project management teams are very familiar with and skilled in meeting the needs of agencies such as yours.

PROSECUTORbyKarpel includes superior customer assistance

To choose PROSECUTORbyKarpel is to choose a vendor that offers extensive and ongoing training, free version upgrades, experienced project management, and flexible customer assistance. Our 100% customer retention rate, unsurpassed in our industry, attests to the satisfaction of our customers with our products and our service.

Feel free to contact me with any additional questions regarding this proposal at (314) 892-6300 or email me at jkitsmiller@karpel.com.

Sincerely,



John Kitsmiller
Sales Executive



Introduction to Karpel Solutions

Karpel has successfully implemented PROSECUTORbyKarpel in over 280 agencies in 25 states. Our exclusive focus on the justice industry means our development and project management teams are very knowledgeable about the needs and requirements of prosecuting agencies such as yours and has great experience in meeting them.

All of our projects involve configuring PROSECUTORbyKarpel to meet our customer's specific needs, and many of these implementations have also included large, even state-wide data sharing and data conversion components. Our extensive experience in each of these areas assures you that we have the ability to successfully create and configure your project as well. Our 100 percent customer retention rate, unsurpassed in our industry, attests to both the power of our software and the satisfaction of our customers with our services.

We use our sizeable research and development budget to enhance PROSECUTORbyKarpel according to customer requests and our ongoing research into prosecutors' needs. Through our aggressive release cycle, we ensure that PROSECUTORbyKarpel is compliant with the latest technologies (e.g. SQL Server 2012, Windows 10). We are also a Microsoft Certified Partner, giving us the added advantage of having access to technical coordination and advisory services directly from Microsoft.

KARPEL QUICK FACTS:

- Privately held corporation
- Based in St. Louis, MO
- Founded in 1993
- Over 280 customer agencies
- Extensive experience in creating data sharing and conversion projects
- 100 percent customer retention rate
- Adhere to and conformant with national integration standards
- Compliant with latest technologies



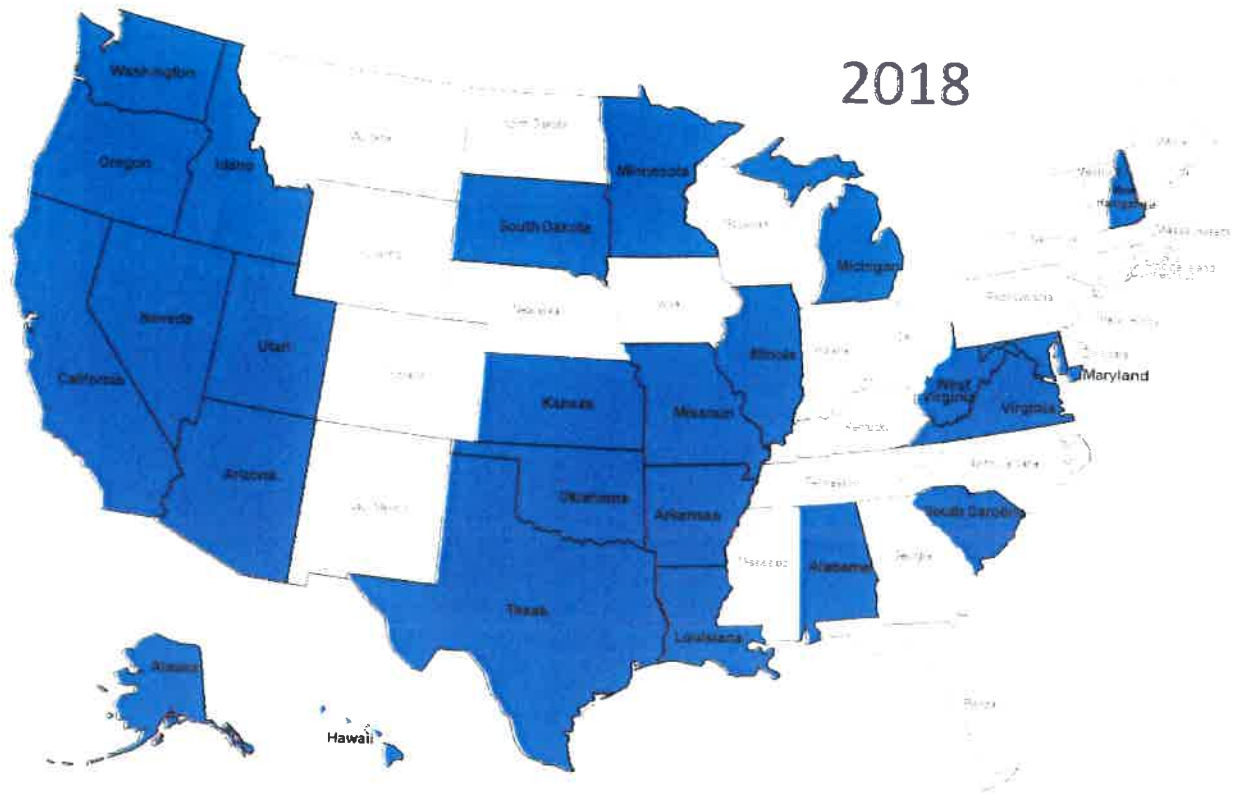


Figure 1. Blue states signify Karpel customers

Why Choose PROSECUTORbyKarpel?

PROSECUTORbyKarpel is a web-based case management system that provides a secure, efficient, and cost-effective way to manage criminal cases. It is designed to meet the needs of prosecutors, law enforcement agencies, and defense attorneys. The system is easy to use and provides a wide range of features, including case tracking, document management, and reporting.

Prosecuting agencies have been the focus of our company since our inception. In fact, we support over 280 agencies, meaning we have acquired vast knowledge about the needs and requirements of these agencies and great experience in meeting them. This knowledge and experience enables PROSECUTORbyKarpel to come “out of the box” prepared to meet the data entry, reporting, tracking, documenting, and other needs of most prosecuting agencies.

Nevertheless, PROSECUTORbyKarpel is different from other case management solutions because, while it comes with most of your needed functionality intact, our focus is on providing you with a solution that is specifically aligned to your business processes and needs. PROSECUTORbyKarpel is a “hybrid” solution, meaning that it gives you all the advantages of a commercial product—regular releases, rapid response support team and a nationwide user base of your peers—with all the flexibility of a custom-developed application.

PROSECUTORbyKarpel can be completely customized to meet your unique prosecutor case management needs. If given this project, we will meet with you at the project start to discuss your needs and expectations, and we will configure PROSECUTORbyKarpel to meet those needs. With PROSECUTORbyKarpel, you can configure your screens, terminologies, drop-down menus, business rules, and more without modifying the source code. We will also create customized reports and automated documents for your agency, reporting on the information you need and using the format you want.

Because configurations can be made without altering the source code, as your agency grows and your needs change, you can modify PROSECUTORbyKarpel yourself. Configurations you make will not decrease your compatibility with later

“Prosecutors with the Maricopa County (AZ) Attorney’s Office will greatly reduce the amount of paperwork they have to handle by using a new online criminal case management system to create and exchange electronic documents with the courts, law enforcement agencies and defense attorneys. The new system, PROSECUTORbyKarpel, is also designed to facilitate a mobile solution that allows prosecutors to quickly access necessary case information while in court using computer tablets”

PROSECUTOR by **KARPEL**

KARPEL
SOLUTIONS

PROSECUTORbyKarpel releases (which we provide for free to all active customers), and later PROSECUTORbyKarpel releases will not overwrite your configurations.

We will also teach you how to create and modify reports using PROSECUTORbyKarpel's powerful reporting functionality, and we will teach you how to create automated documents as well. You will not have to go through us to make any of these changes, although you are welcome to call our support personnel whenever you need assistance.



Implementation Description

Karpel's Project Management team will work with you to find out your exact needs and create a plan to meet the project goals.

Project Overview

To enable both parties to communicate and establish project expectations and timelines, a Karpel project manager will hold an in-depth planning meeting with your agency's designated project manager at the start of the project. Depending on what is most convenient for you, we can hold this meeting online, over the phone, or live at your agency (for an additional charge). You will know and be able to give approval for our finalized plans because our project manager will send you a detailed project plan, communications plan, risk management plan, and change management.

To ensure all aspects of your project are completed exactly as you require, we will assign an experienced project management team that consists of a project manager, support resource, documentation specialist, and custom developer (if needed).

So that you can maximize use of your new software, you will receive administrator and end user training as part of your project. You can also receive continued training in the form of free webinars and an affordable yearly conference.

Following go-live, your agency and users will have continual access to our support resources for as long as you maintain a support contract.

Customer Involvement during Implementation

To ensure your software meets all the goals and requirements you have for it, we seek your input and approval throughout the project. Our project management team will learn your specific goals, workflows, and needs for the software through a detailed planning meeting at the start of the project.

• • •

"I want to thank Karpel for the tremendous job they did converting our data. We now have a database that is usable and helpful for every employee of the office...Most importantly, Karpel has provided an effective tool that increases our ability to prosecute crime in our county."

--Michael Hunt, Chief Trial Attorney, Jackson County, Missouri

• • •



So that your deliverables are created as you want them in the minimal amount of time, we seek your input prior to creating any template, document, dashboard, or other configuration. To ensure that the finished product meets your approval, we have you look over our work when we finish. You will always know exactly what we are doing and what you need to do as our project manager will communicate with your project manager regularly throughout the duration of the project. You largely control how quickly you go live, as the time you dedicate to the project is the key factor in how quickly it can be completed.

The following table helps you organize your efforts through describing the people you need, their responsibilities, and their involvement level. Allocate the roles as it makes most sense for you: for instance, one person can fill multiple roles, or multiple people can fill one role (increasing or decreasing their time commitment accordingly).

Role	Responsibilities
Project Manager	Coordinate your resources to perform tasks assigned to your agency, as listed in Statement of Work and project plan Coordinate appropriate personnel and resources for meetings, training, etc. Serve as Karpel's primary contact throughout project. Help develop and then approve the Project Plan Approve and implement the Communication Management Plan & Change Management Plan Review and sign off on project tasks Approve and release payments according to payment milestones
PROSECUTOR by Karpel Administrator(s)	Receive administrator training in order to manage the system following implementation.
IT Staff	Provide permissions and workstation setup as needed.
Subject Matter Experts (SMEs)	SMEs are needed to do the following:: Review data Define office workflows and procedures to aid in system configuration Define and test documents and reports you want created Define and test data exchanges and conversions (if applicable) Receive document & report author training (if applicable)

Customer Services

Through our PROSECUTORbyKARPEL support center, you'll receive a quick response time, the right service, and the freedom to work your way.

When you experience difficulties with your software, you can quickly receive support via the method most comfortable for you, whether that is through calling or sending an email. If you call, you will nearly always reach a live person immediately, and, unlike many support centers, we won't funnel you through an automated menu system. Our 100 percent customer retention rate is largely due to the satisfaction of our customers with their support.

For as long as you maintain a support contract, you will have access to the following services:

- *Support Personnel:* Access support via telephone or email between 7 a.m. and 8 p.m. CT, Monday through Saturday.
- *Customer Web Page:* Access the following tools through the customer section of our web site:
 - Conduct an interactive web session with an application support specialist
 - Participate in free monthly Webinars
 - Submit PROSECUTORbyKarpel enhancement and patch requests
 - Exchange information, custom reports, and PROSECUTORbyKarpel Document Automation templates with other PROSECUTORbyKarpel users
- *Version Releases:* Receive regular version releases, including major version releases, free of charge
- *Patches:* Receive interim release fixes if necessary

Most support issues are resolved on the spot, while a few may take more time and research to solve. Resolution times are clearly communicated to you.



Often it is easiest to fix and diagnose a problem when we can access the computer on which it occurred. Instead of waiting for us to come to your site, we keep your support fast and affordable by using the latest technology to diagnose and solve the problem. Our support staff uses web-based, web conferencing, real-time interactive technology that allows us see PROSECUTORbyKarpel in action on any of your users' computers, interact with a set of drawing and/or pointing tools, and collaborate online with other Karpel staff or other external viewers in tandem. As all of our personnel have passed criminal background checks, you don't need to worry about any data we may see while assisting you.

To enable our support staff and all Karpel personnel to understand how our customers experience PROSECUTORbyKarpel and to quickly discover any bugs within it, we use PROSECUTORbyKarpel internally. Through using PROSECUTORbyKarpel internally, our support staff have an in-depth knowledge and experience with the program that is unmatched by the majority of software vendors and enables us to quickly discover and resolve any problems you experience.

Our support personnel are all onsite, meaning they have immediate access to the software developers who created the program if your support case needs to be escalated. Support personnel give priority to and quickly resolve escalated support issues (e.g., system down, production critical). The escalation process is a collaborative effort between the application support specialist, a solutions architect, and developer support.



Professional Services

Software is only one piece of a successful solution implementation. Our 100 percent customer retention rate is due to both the power of our software and the quality of our professional services, some of which include:

- **customer-designed solutions**—As a customer, you influence the development of your software with your enhancement requests and virtual knowledge sharing via the Customer Section of our website.
- **version upgrades at no additional cost**—You will receive all regular version upgrades, including major releases, at no additional cost for as long as you maintain a support agreement.
- **continued training**—Besides the in-depth training you receive as part of your implementation, you can receive continued training in the form of free webinars and an affordable yearly conference.



Application Cover Sheet

RFA PROCESS

VICTIM/WITNESS ASSISTANCE (VW) PROGRAM

Submitted by:

Mono County Victim/Witness
452 Old Mammoth Road, Second Floor
PO Box 2053
Mammoth Lakes, CA 93546
(760)924-1710

GRANT SUBAWARD FACE SHEET INSTRUCTIONS

Cal OES Section: The top portion of the form contains blocks for four (4) important numbers
Please do not fill in these blocks. These numbers will be entered by Cal OES.

1. Subrecipient

The Subrecipient is the unit of government or community based organization (CBO) that will have legal responsibility for these grant funds (e.g. County of Alameda, City of Fresno or Women's Place of Merced). Enter the legal title of the Subrecipient.

1a. Federal DUNS Number (Subrecipient)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Subrecipient. If the Subrecipient does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

2. Implementing Agency

Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g. Sheriff, Police Department, or Department of Public Works). If the Implementing Agency is the same as the Subrecipient, enter the same title again.

2a. Federal DUNS Number (Implementing Agency)

Enter the full 9-digit Federal Data Universal Numbering System (DUNS) ID number for the Implementing Agency. If the Implementing Agency does not yet have a DUNS number assigned, one may be obtained by contacting Dun & Bradstreet at 866-705-5711 or at www.dnb.com. This requirement applies to federally funded grants only. Your DUNS # must be current and active in the System for Award Management (SAM) at the time of your Award.

3. Implementing Agency Address

Enter the address of the Implementing Agency. Provide the complete nine digit zip code (Zip+4).

4. Location of Project

Enter the City and County/Operational Area where the project is located. Provide the complete nine digit zip code (Zip+4).

5. Disaster/Program Title

Enter the name of the Disaster or Program providing the funds for this Grant Subaward. A disaster may be referred by the federal declaration number. Program titles should be complete without the use of acronyms.

6. Performance Period

Enter beginning and ending dates of the performance period for the Grant Subaward. (mm/dd/yy)

7. Indirect Cost Rate

Indicate whether you are using the 10% de minimis rate based on Modified Total Direct Costs (MTDC) or your cognizant agency approved indirect cost rate agreement. A copy of the approved ICR Negotiation Agreement must be enclosed with your application. Indicate N/A if you will not be claiming indirect costs under the award. **Indirect costs may or may not be allowable under all Federal fund sources.**

8A – 12G. Fund Allocations and Total Project Cost

For each fund source used in the program, select the correct grant year and acronym from the drop down lists, the amount of state or federal funds requested, the amount of cash *and/or* in-kind match contributed and the resulting totals. Please do not enter both state and federal on the same line. Block 12G should correspond to the total project cost specified in the budget.

13. Certification Paragraph

Please review the certification paragraph.

14. CA Public Records Act

Please review, and if applicable, provide the necessary documentation.

15. Official Authorized to sign for the Subrecipient

Enter the name, title, telephone number, and e-mail address of the official authorized to enter into the Grant Subaward for the Subrecipient as stated in Block 1 of the Grant Subaward Face Sheet (Cal OES 2-101). Enter the Payment Mailing Address where grant funds should be sent.

16. Federal Employer ID Number

Enter the 9-digit Federal Employer Identification Number for the Agency.

Provide an original signature of the authorized official. The use of white out or tape is prohibited and will invalidate the signature on the Grant Subaward Face Sheet.

(Cal OES Use Only)					
Cal OES#		FIPS#		VS #	Subaward #

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

1. **Subrecipient:** Mono County 1a. DUNS#: 086128832

2. **Implementing Agency:** Mono County District Attorney 2a. DUNS#: 086128832

3. **Implementing Agency Address:** 452 Old Mammoth Rd, PO Box 2053 Mammoth Lakes 93546-2053
Street City Zip+4

4. **Location of Project:** Mammoth Lakes Mono 93546-2053
City County Zip+4

5. **Disaster/Program Title:** Victim/Witness Assistance Program 6. **Performance Period:** 10/01/18 to 09/30/19

7. **Indirect Cost Rate:** N/A; 10% de minimis; Federally Approved ICR _____ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2017	8 VWA0	\$ 17,112					\$ 0	\$ 17,112
2017	9 VOCA		\$ 160,363			\$ 4,596	\$ 4,596	\$ 164,959
2016	10 VOCA		\$ 102,364			\$ 5,118	\$ 5,118	\$ 107,482
Select	11 Select						\$ 0	\$ 0
Select	12 Select						\$ 0	\$ 0
	TOTALS	\$ 17,112	\$ 262,727	\$ 279,839	\$ 0	\$ 9,714	\$ 9,714	12. G Total Project Cost: \$ 289,553

13. **Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

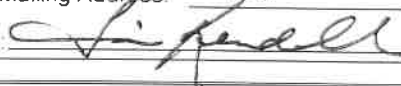
14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. **Official Authorized to Sign for Subrecipient:** Tim Kendall 16. **Federal Employer ID Number:** 956005661

Name: Tim Kendall Title: District Attorney

Telephone: 760-924-1710 FAX: _____ Email: tkendall@mono.ca.gov
(area code) (area code)

Payment Mailing Address: PO Box 2053 City: Mammoth Lakes Zip+4: 93546-2053

Signature:  Date: 10-18-18

[FOR Cal OES 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.

Cal OES Fiscal Officer	Date	Cal OES Director (or designee)	Date
------------------------	------	--------------------------------	------

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Project Director** for the project.
2. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Financial Officer** for the project.
3. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **routine programmatic responsibility** for the project.
4. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** having **routine fiscal responsibility** for the project.
5. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Executive Director** of a Community-Based Organization or the **Chief Executive Officer** (e.g. chief of police, superintendent of schools) for the implementing agency.
6. Provide the name, title, address, telephone number, fax number, and e-mail address for the **person** who is the **Official Authorized** to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet (Cal OES 2-101).
7. Provide the name, title, address, telephone number, fax number, and e-mail address for the **Chair** of the **governing body** of the subrecipient.

PROJECT CONTACT INFORMATION

Subrecipient: Mono County Subaward #: VW18280260

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: Tim Kendall Title: District Attorney
Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Janet Dutcher Title: Finance Director
Telephone #: (760)932-5490 Fax#: (760)932-5491 Email Address: jdutcher@mono.ca.gov
Address/City/Zip: 25 Bryant Street, PO Box 556, Bridgeport, CA 93517

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

Name: Sarah Gillespie Title: Victim/Witness Coordinator
Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: sgillespie@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Sarah Gillespie Title: Victim/Witness Coordinator
Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: sgillespie@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Tim Kendall Title: District Attorney
Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

6. The **Official Designated** by the Governing Board to enter into the Grant Subaward for the City/County or Community-Based Organization, as stated in Section 15 of the Grant Subaward Face Sheet:

Name: Tim Kendall Title: District Attorney
Telephone #: (760)924-1710 Fax#: (760)924-1711 Email Address: tkendall@mono.ca.gov
Address/City/Zip: 452 Old Mammoth Rd, PO Box 2053, Mammoth Lakes, CA 93546

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

Name: Stacy Corless Title: Chairperson, Board of Supervisors
Telephone #: (760)932-5530 Fax#: (760)932-5531 Email Address: scorless@mono.ca.gov
Address/City/Zip: PO Box 715, Bridgeport, CA 93517

SIGNATURE AUTHORIZATION

Subaward #: VW18280260

Subrecipient: Mono County

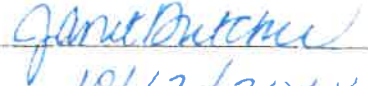
Implementing Agency Mono County District Attorney

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

*Project Director: Tim Kendall

*Financial Officer: Janet Dutcher

Signature: 
Date: _____

Signature 
Date: 10/12/2018

The following persons are authorized to sign for the
Project Director

The following persons are authorized to sign for the
Financial Officer

Signature _____
David Anderson

Signature _____
Stephanie Butters

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Print Name _____

Print Name _____

CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, Tim Kendall hereby certify that
(official authorized to sign Subaward: same person as Section 15 on Subaward Face Sheet)

SUBRECIPIENT: Mono County
IMPLEMENTING AGENCY: Mono County District Attorney
PROJECT TITLE: Victim/Witness Assistance Program

is responsible for reviewing the *Subrecipient Handbook* and adhering to all of the Subaward requirements (state and/or federal) as directed by Cal OES including, but not limited to, the following areas:

I. Federal Grant Funds

Subrecipients expending \$750,000 or more in federal grant funds annually are required to secure an audit pursuant to OMB Uniform Guidance 2 CFR Part 200, Subpart F and are allowed to utilize federal grant funds to budget for the audit costs. See Section 8000 of the Subrecipient Handbook for more detail.

- The above named Subrecipient receives \$750,000 or more in federal grant funds annually.
- The above named Subrecipient does not receive \$750,000 or more in federal grant funds annually.

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

It is the public policy of the State of California to promote equal employment opportunity (EEO) by prohibiting discrimination or harassment in employment because of ancestry, age (over 40), color, disability (physical and mental, including HIV and AIDS), genetic information, gender, gender identity, gender expression, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military, veteran status, national origin, race, religion (includes religious dress and grooming practices), sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions) sexual orientation, or request for family medical leave. **Cal OES-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: Leslie Chapman
Title: Mono County Administrative Officer
Address: PO Box 696, Bridgeport, CA 93517
Phone: (760)932-5410
Email: lchapman@mono.ca.gov

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

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

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

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all Cal OES 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 – (Subrecipient Handbook Section 2154)

Cal OES 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 – (Subrecipient Handbook Section 2155)

(This applies to federally funded grants only.)

Cal OES-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 of 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 a signed resolution 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 Cal OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Subaward, including civil court actions for damages, shall be the responsibility of the grant Subrecipient and the authorizing agency. The State of California and Cal OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from Cal OES 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.

VIII. Civil Rights Compliance

The Subrecipient complies will all laws that prohibit excluding, denying or discriminating against any person based on actual or perceived race, color, national origin, disability, religion, age, sex, gender identity, and sexual orientation in both the delivery of services and employment practices and does not use federal financial assistance to engage in explicitly religious activities.

All appropriate documentation must be maintained on file by the project and available for Cal OES 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 Subrecipient may be ineligible for subaward of any future grants if the Cal OES determines that any of the following has occurred: (1) the Subrecipient 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 Subaward [Section 15 on Grant Subaward Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant Subrecipient 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: _____



Authorized Official's Typed Name: _____

Tim Kendall

Authorized Official's Title: _____

District Attorney

Date Executed: _____

10-18-18

Federal Employer ID #: _____

956005661

Federal DUNS # _____

086128832

Current System for Award Management (SAM) Expiration Date: _____

Executed in the City/County of: _____

Mono

AUTHORIZED BY: *(not applicable to State agencies)*

- City Financial Officer
- City Manager
- Governing Board Chair

- County Financial Officer
- County Manager

Signature: _____



Typed Name: _____

Janet Dutcher

Title: _____

Finance Director

CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance (Cal OES 2-104), which includes details regarding Federal Grant Funds, Equal Employment Opportunity Program, Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, Proof of Authority from City Council/Governing Board, and Civil Rights Compliance. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Subaward. In signing the Grant Subaward Face Sheet, the applicant formally notifies Cal OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. Cal OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VII, entitled, "Proof of Authority from City Council/Governing Board." The Applicant is required to obtain written authorization (original signature) from the City Council/Governing board that the official executing the agreement is, in fact, authorized to do so, and will maintain said written authorization on file and readily available upon demand. This requirement does not apply to state agencies.

MONO COUNTY 2018-2019 PROJECT NARRATIVE

Problem Statement

Citizens who become involved with the criminal justice system, either as victims or witnesses to crime, are all too often further victimized by that system. They become isolated and receive little practical advice or necessary care. The Mono County Victim/Witness Program will attempt to reduce the trauma and insensitive treatment that victims and witnesses may experience in the wake of a crime. We will provide these services according to Cal OES guidelines, victim and community needs.

The Mono County Victim/Witness Program was implemented in 1989. The program had only one staff person, the Coordinator, until September 2002. In September 2002, the program was able to hire our first Victim Advocate. Unfortunately, in November 2015, the Victim Advocate position was eliminated due to budget cuts. The Coordinator has devoted 100% of her time to providing direct services to victims and witnesses of crime. In June of 2017 our Program Coordinator of twenty-six years retired and we hired a new Coordinator in April of 2017. With a new Program Coordinator, we have been working hard to expand our victim services to better serve our Victim population. With the increase in victim services provided we hired a part time Victim Advocate last grant year.

The Town of Mammoth Lakes, the largest incorporated city within Mono County, continues to grow. The Hispanic population of Victims is rapidly increasing. As such the language barrier has become an increased problem. However, we do have several county employees that are utilized for interpreting. We are also servicing additional victims and witnesses due to the increase of crimes and clients as a result of AB109, realignment.

We have two office locations, one in Mammoth Lakes and one in Bridgeport. The Mammoth Office continues to be very busy. The courthouse in Bridgeport has limited services to one day per week and as such the services to the north end of the county have become more limited. The Coordinator travels to Bridgeport on an as needed basis. With the addition of a part-time Advocate we have been able to increase our services in the north end of the county and will continue to grow with the hire of a full-time Advocate.

Plan

The Mono County Victim/Witness Program will advocate to the District Attorney's Office, law enforcement, and the criminal justice system on behalf of victims and witnesses of crime. The program will provide mandated and optional services to victims and witnesses of crime set forth in Penal Code Section 13835. The program will attempt to decrease the trauma experienced by victims and witnesses of crime thereby allowing for faster and more complete recovery from the effects of crime.

The 2018-2019 objectives are to reach three hundred new victims in Mono County. We will also have between three hundred and three hundred and fifty continued contacts with victims and witnesses of crime.

In the grant year of 2018-2019 the program will renew the commitment to provide presentations and training to law enforcement and other victim service agencies. We will also commit to increase our fieldwork in the upcoming fiscal year. The Program Coordinator is on call twenty-four hours a day, seven days a week. We will be available for law enforcement call-outs and mass casualty/disaster response for victims. We will continue community outreach by staying involved with the school at the student level through education, education through our local community groups and better training of allied law enforcement agencies. We have over

ten school in Mono County from Kindergarten through grade twelve that we will be aiming for as well as numerous community services organizations. We are committed to attending several trainings this grant year to extend the level of service we can provide to our victims. Our program has expanded substantially over the last year and a half. We plan to purchase a new case management system to help our program continue to grow with efficiency. Our current case management system cannot track statistics. We must manually track and count statistics, which leaves a great amount of room for inaccuracy as well as inefficiency. The substantial amount of time and man power it takes to count statistic takes away from the much-needed time we should be spending with our victims. Our current system also cannot store victim information, which also makes it very difficult to keep track of our caseloads. After much research the case management system we have decided to purchase is ProsicutorbyKarpel. We have visited other District Attorney Offices' that use this system and we have concluded this system will best complement our program. With our expanding program we will also be hiring a full-time Mass Victimization Advocate. This advocate will be specially trained to deploy in the event of a mass victimization disaster. We are currently running our program with 1 full-time Advocate/Program Coordinator, 1 part-time Advocate and an Office Manager/Advocate that devotes 30% of her time to advocacy. With the amount our program has grown this full-time Advocate will be crucial to the continued growth in the program.

The Mono County Victim/Witness Program assists victims of all types of crime. We do not limit our services to any specific crime. Therefore, we receive referrals from several different agencies including: the District Attorney's Office, the Probation Department, the Superior Court, other victim service agencies such as Wild Iris Women's Services, the Mono County Behavioral Health Department, the Mono County Health Department, the Mono County Social Services Department including Child Protective Services, the Mammoth Lakes Hospital and Clinic, as well as law enforcement including the Mono County Sheriff's Department, the Mammoth Lakes Police Department and the local branches of the California Highway Patrol.

Subrecipient: Mono County Subaward #: VW18280260

Referrals are made in person, by telephone or through a written report. All law enforcement reports are routed through the Coordinator for review and outreach is provided to victims as needed.

The program has one volunteer – our retired Victim Witness Coordinator. The volunteer's time is documented on a volunteer sign in sheet. Typical duties include assistance in gathering statistical information and preparing quarterly reports, clerical work and a variety of tasks as assigned by the Coordinator and Deputy District Attorneys.

The program will utilize interpreters from the community and interpreters from Mono County Social Services, and Hispanic outreach workers at Wild Iris Women's Services to communicate with victims and witnesses who speak Spanish. The program will utilize other translators in the community for translation services for non-English speaking victims/witnesses and for the hearing-impaired. Services for elderly and disabled victims of crime are provided appropriate to their special needs. Field visits are provided to a client's home, place of business, or other safe location, whenever necessary to provide services.

The Victim/Witness Office is housed at the following locations:

Mono County District Attorney's Office

Sierra Center Mall, Second Floor

PO Box 2053

Mammoth Lakes, CA 93546

(760) 924-1710

Mono County District Attorney's Office
Courthouse, Main St.
PO Box 617
Bridgeport, CA 93517
(760) 932-5550

After Hours Telephone For Program Coordinator: (760) 920-7290

Implementation

The Mono County Victim/Witness Program will advocate to the District Attorney's Office, law enforcement and other victim service agencies on behalf of victims and witnesses of crime. Meetings will be conducted with each agency at least semi-annually to discuss current needs and to develop strategies for implementation of the Victim/Witness Program objectives.

An operational agreement exists between the Mono County Victim/Witness Program, the Mono County District Attorney's Office, the Mammoth Lakes Police Department, the Mono County Sheriff's Department, the Mono County Behavioral Health Department, the Department of Social Services (including CPS), and Wild Iris Services. These agencies will refer victims and witnesses to the program. Excellent working relationships exist between these agencies. The Mono County Victim/Witness Program, the Mono County Behavioral Health Department, and the Department of Social Services (CPS) provide services to the three VOCA victim groups: sexual assault, domestic violence and children crime victims. Wild Iris Women's Services provide services to sexual assault victims and domestic violence victims.

The Victim/Witness Assistance Program consists of the Program Director/District Attorney, Tim Kendall; the Program Coordinator, Sarah Gillespie; assigned District Attorney Investigator partially paid by funds from the Community Corrections Partnership; a part-time

Subrecipient: Mono County Subaward #: VW18280260

Advocate and one volunteer. With the hope to add a full-time Mass Victimization Advocate to our program.

Our program is ADA compliant. We are able to assist handicapped victims and witnesses. There are handicapped parking spaces in our parking lot and we have an elevator to ensure that people are able to get to our second-floor office.

MONO COUNTY VICTIM/WITNESS 2018-2019 BUDGET NARRATIVE

The Mono County Victim/Witness Program's proposed budget supports the stated objectives and activities for the project by providing 100% of the salary and benefits for the Victim/Witness Coordinator.

The Program Coordinator will strive to meet the stated objectives, which are to reach one hundred fifty new victims, and between one hundred fifty and two hundred continued contacts. The Coordinator will provide mandatory and optional services to victims and witnesses of crime as set forth in Penal Code Section 13835. Direct services will be provided to victims of all types of crime.

The Program Coordinator has been the coordinator for 1 year and 6 months. Her duties include providing direct services to victims and witnesses of crime as well as compiling statistics, and preparing quarterly reports, financial reports, and grant writing as required by Cal OES.

The Coordinator is also a member of the Multi-Disciplinary Team, which focuses on child abuse victims. The team is made up of representatives from several different agencies throughout the county and meets each month to discuss child abuse cases and work together to help the victims. The Coordinator just recently completed The California Forensic Interviewing Training and is qualified to conduct child forensic interviews. The Coordinator is also a member of the Domestic Violence Task Force. This group meets quarterly to discuss current domestic violence cases in the county and work together to better serve domestic violence victims. The Coordinator is also a member of the Sexual Assault Response Team. The Coordinator is on call twenty-four hours a day, 7 days a week.

The Coordinator will devote 100% of her time to providing direct services to victims and witnesses of crime. This budget year we plan to enhance our program in many different aspects including: updating equipment, continuing community outreach, attending trainings and working with and educating allied agencies to insure the best possible outcome for the victims and witnesses we serve. We hope to increase our team by hiring a full-time Mass Victimization Advocate. We are going to purchase a new case management system to help our program run more efficiently and to obtain accurate statistics. We are also going to complete the funding for the purchase of a new victim witness vehicle. The vehicle was purchased through the county general fund and billed to the grant in two separate invoices to allow for a portion of the purchase to be paid with the 2017-2018 monies and the remaining amount to be paid within this grant year. This is the only vehicle our program has.

Subcontracts will not be utilized in this fiscal budget. If any mid-year salary or benefit adjustments are needed, we will submit a 223- modification form to Cal OES.

BUDGET CATEGORY AND LINE ITEM DETAIL

Subrecipient: Mono County				Subaward #: VW18280260			
A. Personal Services – Salaries/Employee Benefits	17 VOCA	17 VOCA Match	17 VWAO	18 VOCA	18 VOCA Match		COST
Coordinator Salary							\$0
\$5,331.00 x 6 = \$31,986							\$0
\$5,461.00 x 6 = \$32,766	\$64,752						\$64,752
Total = \$64,752.00							\$0
Coordinator Benefits	\$18,059						\$18,059
PERS: \$5,331.00x10 445%x2x6= \$6,681.88							\$0
\$5,461.00x10 445%x2x6=\$6,844.82							\$0
Dental: \$95.00x12= \$1,140.00							\$0
Vision: \$34.00x12= \$408.00							\$0
EBS: \$4.50x12=\$54.00							\$0
Life Insurance: \$2.08x12= \$24.96							\$0
Survivor: \$2.00x12= \$24.00							\$0
Unemployment: \$5,331.00x3%=\$159.93x6=\$959.58							\$0
\$5,461.00x3%= \$163.83x6=\$982.98							\$0
State Disability: \$5,331.00x1.45%=\$77.30x6=\$463.80							\$0
\$5,461.00x1.45%=\$79.18x6=\$475.11							\$0
Office Manager Salary	\$17,905						\$17,905
\$4,953.00x10= \$49,530.00							\$0
\$5,076.00x2=\$10,152.00							\$0
\$59,682x30%=\$17,905.00							\$0
Office Manager Benefits	\$5,204						\$5,204
PERS \$4953 x10.445 %X2 x 10x 30%=\$3104.00							\$0
\$5076x10 445%x2x2x30%=\$636.22							\$0
total: \$3740.22							\$0
Dental- \$95.00 x 12 x 30%= \$342.00							\$0
Vision- \$32.00 x 12 x 30%=\$115.00							\$0
EBS Admin. Fee- \$4.50 x 12 x 30%=\$16.00							\$0
Life Insurance - \$2.08 x 12 x 30%=7.49							\$0
Survivor-\$2.00 x 12 x 30%=7.20							\$0
Unemployment: \$4953x3%x10x30%=\$445.77							\$0
\$5076x3%x2x30%=\$91.37							\$0
State Disability -\$4953x1% x 10 x 30%=\$148.59							\$0
\$5076x1%x2x30%=\$30.46							\$0
Medicare ER- \$4953x1.45% x 10x 30%=215.45							\$0
\$5076x1.45%x2x30%=\$44.16							\$0
Part-time Victim Advocate	\$19,200						\$19,200
\$20 per hour/ 80 hours p/m=\$1,600 x12 = \$19,200							\$0
Part-Time advocate Benifits	\$3,130						\$3,130
PERS: 10 445%x 12=\$2,005.44							\$0
Medicare ER: 1.45%x12=\$278.40							\$0
EBS Admin. Fee: \$4.50x12= \$54.00							\$0
Survivor: \$2.00x 12= \$24.00							\$0
Unemployment: \$1600x3%x 12= \$576.00							\$0
State Disability: \$1600 x1%x 12= \$192.00							\$0
MVA Advocate				\$44,448			\$0
Salary range 60: \$3,704-\$4,501							\$0
\$3,704 per month: \$44,448 per year							\$0
Benefits				\$37,329			\$0
Pers: \$3704x10 445%x12=\$9,285.24							\$0
Medical: \$2000x12=\$24,000							\$0
See second page.							\$0
Personal Section Totals	\$128,250	\$0	\$0	\$81,777	\$0	\$0	\$210,027

BUDGET CATEGORY AND LINE ITEM DETAIL

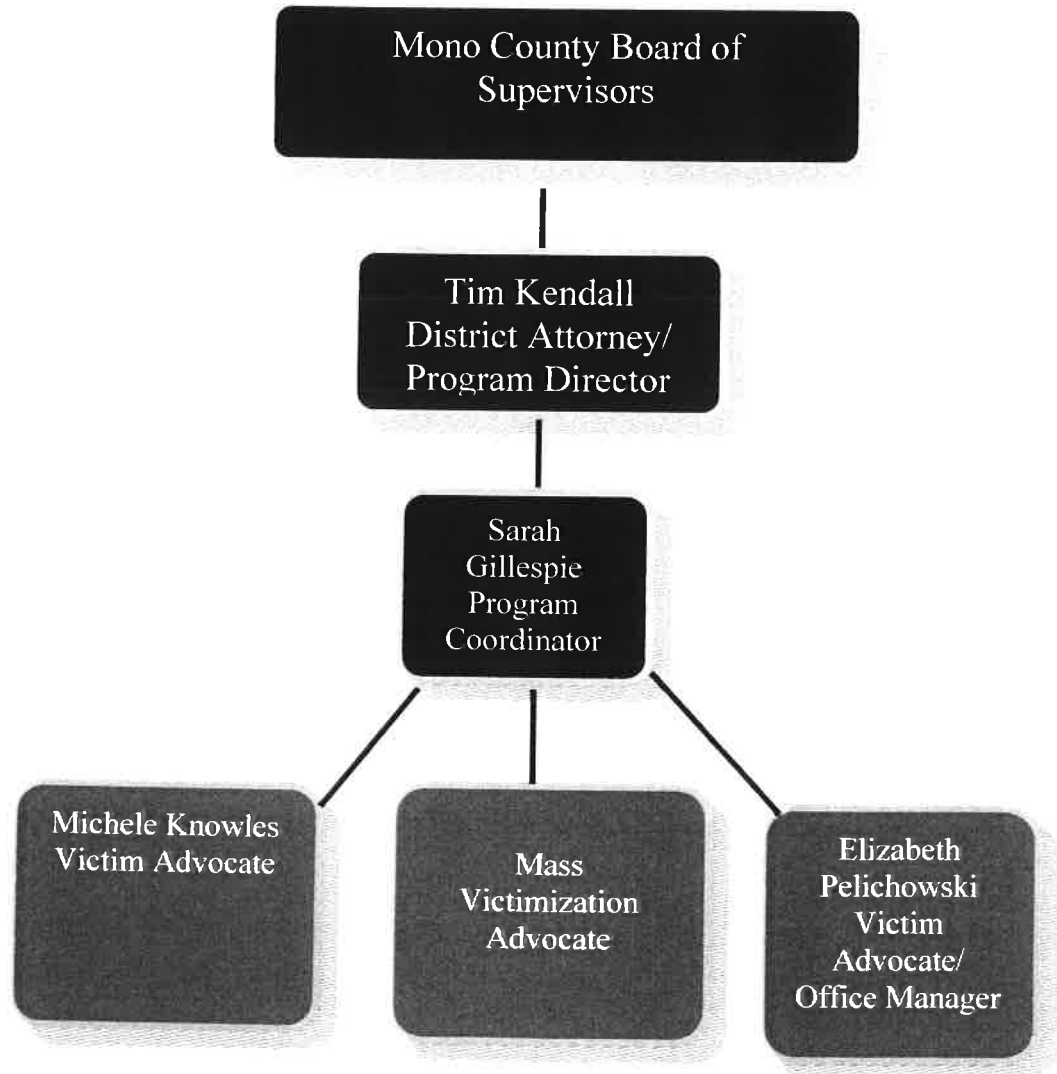
Subrecipient: Mono County				Subaward #: VW18280260			
A. Personal Services – Salaries/Employee Benefits	17 VOCA	17 VOCA Match	17 VWAO	18 VOCA	18 VOCA Match		COST
							\$128,250

Operational Agreements (OA) Summary Form

	List of Agencies/Organizations/Individuals	Date OA Signed (xx/xx/xxxx)	Dates of OA	
			From:	To:
1.	Mono County District Attorney	10/12/18	10/01/18	to 09/30/19
2.	Mammoth Lakes Police Department	10/12/18	10/01/18	to 09/30/19
3.	Mono County Sheriff's Department	10/12/18	10/01/18	to 09/30/19
4.	Wild Iris Services	10/12/18	10/01/18	to 09/30/19
5.	Department of Social Services	10/12/18	10/01/18	to 09/30/19
6.	Mono County Behavioral Health	10/12/18	10/01/18	to 09/30/19
7.				to
8.				to
9.				to
10.				to
11.				to
12.				to
13.				to
14.				to
15.				to
16.				to
17.				to
18.				to
19.				to
20.				to

Use additional pages if necessary.

Mono County Organizational Chart



**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT**

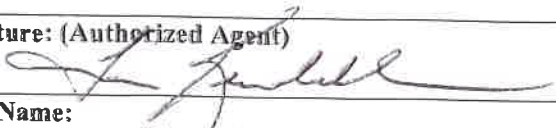
Subrecipient: Mono County		DUNS #: 086128832	FIPS #: 956005661
Grant Disaster/Program Title: Victim/Witness Assistance Program			
Performance Period: 10/01/18 to 9/30/19	Subaward Amount Requested: \$ 328,409 289,553		
Type of Non-Federal Entity (Check Box)	<input checked="" type="checkbox"/> State Gov.	<input type="checkbox"/> Local Gov.	<input type="checkbox"/> JPA <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribe

Per Title 2 CFR § 200.331, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding. This assessment is made in order to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above.

The following are questions related to your organization's experience in the management of grant awards. This questionnaire must be completed and returned with your grant application materials.

For purposes of completing this questionnaire, *grant manager* is the individual who has primary responsibility for day-to-day administration of the grant, *bookkeeper/accounting staff* means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and *organization* refers to the subrecipient applying for the award, or the governmental implementing agency, as applicable.

Assessment Factors	Response
1. How many years of experience does your current grant manager have managing grants?	<3 years
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	>5 years
3. How many grants does your organization currently receive?	1-3 grants
4. What is the approximate total dollar amount of all grants your organization receive?	200,000
5. Are individual staff members assigned to work on multiple grants?	Yes
6. Do you use timesheets to track the time staff spend working on specific activities/projects?	No
7. How often does your organization have a financial audit?	Annually
8. Has your organization received any audit findings in the last three years?	No
9. Do you have a written plan on how you charge costs to grants?	Yes
10. Do you have written procurement policies?	Yes
11. Do you get multiple quotes or bids when buying items or services?	Always
12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.?	3-5 years
13. Do you have procedures to monitor grant funds passed through to other entities?	N/A

Certification: <i>This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete and current.</i>	
Signature: (Authorized Agent) 	Date: 10-18-18
Print Name: Tim Kendall	Print Title: District Attorney



OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: Public Health

TIME REQUIRED 20 minutes (10 minute presentation,
10 minute discussion)

PERSONS APPEARING BEFORE THE BOARD Shelby Stockdale

SUBJECT Children's Medical Services Plan

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Proposed Mono County Children's Medical Services (CMS) Plan for Fiscal Year 2018-2019 with the Department of Health Care Services.

RECOMMENDED ACTION:

Approve the Mono County Children's Medical Services (CMS) Plan for fiscal year 2018-19 and authorize the Chairman to sign the Certification Statements for California Children's Services (CCS) and Child Health and Disability Prevention (CDPH) Program. Provide any desired direction to staff.

FISCAL IMPACT:

There is zero impact to the Mono County General Fund. These programs are funded with a mix of Federal Title XIX (Medicaid), Federal Title XXI funds, State General Fund, and Realignment dollars totaling \$282,057.

CONTACT NAME: Shelby Stockdale

PHONE/EMAIL: 760.924.1841 / sstockdale@mono.ca.gov

SEND COPIES TO:

Sandra Pearce

Kim Bunn

Shelby Stockdale

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download

[BOS Staff Report](#)

[Presentation](#)

History

Time	Who	Approval
11/13/2018 5:42 AM	County Administrative Office	Yes
11/14/2018 3:35 PM	County Counsel	Yes
11/14/2018 11:32 AM	Finance	Yes



MONO COUNTY HEALTH DEPARTMENT

Public Health

P.O. BOX 476, BRIDGEPORT, CA 93517 PHONE (760) 932-5580 • FAX (760) 932-5284
P.O. BOX 3329, MAMMOTH LAKES, CA 93546 PHONE (760) 924-1830 • FAX (760) 924-1831

DATE: November 20, 2018
TO: Honorable Board of Supervisors
FROM: Shelby Stockdale, CMS Administrator

SUBJECT: Mono County Children's Medical Services (CMS) Plan
Fiscal Year 2018-2019.

RECOMMENDED ACTION: That the Board of Supervisors approve the Mono County Children's Medical Services (CMS) Plan for fiscal year 2018-19 and authorize the Chairman to sign the Certification Statements for California Children's Services (CCS) and Child Health and Disability Prevention (CDPH) Program.

DISCUSSION: In Mono County, California Children's Services (CCS), California Health and Disability Prevention Program (CHDP) and Health Care Program for Children in Foster Care (HCPCFC) services are provided through the Mono County Health Department. All three programs are integrated within the California Department of Health Care Services (DHCS) under Children's Medical Services (CMS). These programs provide a variety of medical services to eligible children. The Mono County Health Department receives funding to provide administration and case management services in support of these programs.

The CCS Program provides diagnostic and treatment services to financially eligible children with qualifying medical conditions. Case management, provided by a Mono County Public Health CCS nurse, includes finding appropriate providers; obtaining authorizations for care, equipment, supplies and medications; assistance with scheduling; reviewing medical reports; and acting on recommendations and referrals. Additionally, a Medical Therapy Conference is held twice a year to coordinate referrals for care, physical and occupational therapy, and the ordering and creation of specialized equipment for children with chronic orthopedic or neuromuscular conditions.

The CHDP Program provides periodic, well child exams for financially eligible children. The program includes physical exams and

immunizations; and referrals for treatment. CMS staff at Mono County Public Health review all reports and make referrals to appropriate agencies and specialists as needed.

The HCPCFC Program provides medical case management for Mono County children who are placed in Foster Care through Child Welfare Services or the Probation Department. The HCPCFC nurse at Mono County Public Health provides medical case management services to ensure each child's health needs are met until the child returns to his or her family; is emancipated at age 18; is placed in extended Foster Care through AB 12; or finishes high school.

FISCAL IMPACT: There is zero impact to the Mono County General Fund. These programs are funded with a mix of Federal Title XIX (Medicaid), Federal Title XXI funds, State General Fund, and Realignment dollars totaling \$282,057.

If there any questions regarding this item, please contact Shelby Stockdale at 760.924.1841.

Submitted by: Shelby Stockdale, CMS Administrator

Reviewed by: Sandra Pearce, Public Health Director

Mono County Children's Medical Services

Shelby Stockdale BSN, RN, PHN
Children's Medical Services Administrator
Mono County Health Department
Board of Supervisors Presentation

11/20/2018



Public Health
Prevent. Promote. Protect.

Mono County Children's Medical Services

- ▶ California Children's Services (CCS)
- ▶ Medical Therapy Program (MTP)
- ▶ Child Health and Disability Prevention (CHDP)
- ▶ Health Care Program for Children in Foster Care (HCPCFC)

Children's Medical Services Funding

- ▶ Federal Title XIX Funds
- ▶ Federal Title XXI Funds
- ▶ California State General Funds
- ▶ Public Health Realignment Funds
- ▶ California Department of Healthcare Services Integration

California Children's Services

- ▶ Services for children with complex medical conditions
- ▶ Includes diagnosis, treatment and medical case management
- ▶ Care provided at specialized medical facilities in California
- ▶ Current case load of 68



Medical Therapy Clinic

- ▶ Occurs twice a year with Inyo County Health Department
- ▶ For children with physically disabling conditions
- ▶ Evaluation by orthopedic providers
- ▶ Child received equipment to enhance mobility



Child Health and Disability Prevention

- ▶ Ensure children receive recommended annual medical care
- ▶ Follow-up and linkage to care services
- ▶ Low utilization due children receiving health insurance through the Affordable Care Act



Health Care Program for Children in Foster Care

- ▶ Collaboration between Mono County Health Department, Mono County Social Services & Mono County Probation
- ▶ Ensures all medical, dental and mental health care for foster children



Fiscal Year 18-19 Children's Medical Services Plan

- ▶ Organizational Charts
- ▶ Staffing Profiles
- ▶ Duty Statements
- ▶ Performance Measures
- ▶ Caseload Summary
- ▶ Budgets

Mono County Children's Medical Services

Improving the quality of
life of Mono County
children and youth

For questions or more
information please contact:

Shelby Stockdale BSN, RN, PHN
sstockdale@mono.ca.gov
760-924-1841



CHILDREN'S MEDICAL SERVICES PLAN

MONO COUNTY

FISCAL YEAR

2018-2019

Mono County Children’s Medical Services Plan and Fiscal Guidelines 2018-2019

County/City: _____	MONO	Fiscal Year:2018-2019
Document		Page Number
B.	CHDP Administrative Budget (County/City Match) - Optional	
1.	Budget Summary	N/A
2.	Budget Worksheet	N/A
C.	CHDP Foster Care Administrative Budget (County/City Match) - Optional	
1.	Budget Summary	61
2.	Budget Worksheet	62
D.	HCPCFC Administrative Budget	
1.	Budget Summary	63
2.	Budget Worksheet	64
3.	Budget Justification Narrative	65
E.	CCS Administrative Budget	
1.	Budget Summary	66
2.	Budget Worksheet	67-68
3.	Budget Justification Narrative	N/A
G.	Other Forms	
1.	County/City Capital Expenses Justification Form	N/A
2.	County/City Other Expenses Justification Form	N/A
9.	Management of Equipment Purchased with State Funds	
1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
3.	Property Survey Report Form (STD 152)	N/A

Agency Information Sheet

County/City: Mono

Fiscal Year: 2018-2019

Official Agency

Name:	Mono County Health Department	Address:	437 Old Mammoth Rd, Suite Q PO Box 3329
Health Officer	Tom Boo, MD, FAAFP, DTM&H		Mammoth Lakes, CA 93546

CMS Director (if applicable)

Name:	Shelby Stockdale BSN, RN, PHN	Address:	437 Old Mammoth Rd, Suite Q PO Box 3329
Phone:	760-924-1841		Mammoth Lakes, CA 93546
Fax:	760-924-1831	E-Mail:	sstockdale@mono.ca.gov

CCS Administrator

Name:	Shelby Stockdale BSN, RN, PHN	Address:	437 Old Mammoth Rd, Suite Q PO Box 3329
Phone:	760-924-1841		Mammoth Lakes, CA 93546
Fax:	760-924-1831	E-Mail:	sstockdale@mono.ca.gov

CHDP Director

Name:	Tom Boo, MD, FAAFP, DTM&H	Address:	437 Old Mammoth Rd, Suite Q PO Box 3329
Phone:	760-924-1830		Mammoth Lakes, CA 93546
Fax:	760-924-1831	E-Mail:	tboo@mono.ca.gov

CHDP Deputy Director

Name:	Shelby Stockdale BSN, RN, PHN	Address:	437 Old Mammoth Rd, Suite Q PO Box 3329
Phone:	760-924-1841		Mammoth Lakes, CA 93546
Fax:	760-924-1831	E-Mail:	sstockdale@mono.ca.gov

Clerk of the Board of Supervisors or City Council

Name:	Shannon Kendall	Address:	PO Box 237
Phone:	760-932-5533		Bridgeport, CA 93517
Fax:	760-932-5531	E-Mail:	skendall@mono.ca.gov

Director of Social Services Agency

Name:	<u>Kathy Peterson</u>	<u>PO Box 2969</u>
Phone:	<u>760.924.1763</u>	<u>Mammoth Lakes, CA 93546</u>
Fax:	<u>760.932-5287</u>	E-Mail: <u>kpeterson@mono.ca.gov</u>

Chief Probation Officer

Name:	<u>Karin Humiston</u>	<u>PO Box 596</u>
Phone:	<u>760-932-5572</u>	<u>Bridgeport, CA 93517</u>
Fax:	<u>760-932-5571</u>	E-Mail: <u>khumiston@mono.ca.gov</u>

Certification Statement - California Children's Services (CCS)

County/City: Mono Fiscal Year: 2018 - 2019

I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Signature of CCS Administrator

Date Signed

Signature of Director or Health Officer

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: Mono Fiscal Year: 2018-2019

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children’s Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Signature of CHDP Director

Date Signed

Signature of Director or Health Officer

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

Date

Agency Brief Narrative

As Mono County is an extremely rural county, specialist medical care requires out of county travel of at least 5 hours or more. Travel out of county can be very difficult at times of the year due to heavy snow fall, road closures, or travel restrictions. Very few specialists practice in Mono County, especially pediatric specialists. In addition to the two pediatricians, the only local clinic with pediatric specialists is the dental clinic.

Since many families are at or below the federal poverty level in Mono County, out of pocket payments and out of county travel have significant financial impact and often families are not able to follow through with the recommended specialist care as a result. For our out of town specialist referrals, families may not be able to take the needed days off from work or have the transportation and must coordinate with other family and friends to travel, thus adding to the delay in receiving care. We have also found that some specialists have more than a month long wait list and, finally, fewer and fewer local and state-wide providers accept Managed Care Medi-Cal for payment.

The California Children's Services (CCS) program provides diagnosis and treatment services at Loma Linda University Medical Center; Lucille Packard; University of California at Davis; Children's Hospitals of Orange County, Los Angeles, San Diego, and Central California for special needs children to age 21 in Mono County. The CCS program is mandated by the Welfare and Institutions Code and the California Code of Regulations (Title 22, Section 51013) to act as an "agent of Medi-Cal" for Medi-Cal beneficiaries with CCS medically eligible conditions. Services to children with CCS eligible medical conditions are 'carved out', which means that children receive treatment directly related to their CCS medical condition through the CCS program; primary care and other medical services are provided through their Medi-Cal Managed Care plan. The CCS administrator at Mono County Public Health Department coordinates medical eligibility through the California DHCS Systems of Care Division, Southern California Regional Office; provides case management services; and coordinates physical and occupational therapy with Mammoth Hospital and Mono County Office of Education.

A Medical Therapy Conference is held twice a year for children in Inyo and Mono Counties with neuromuscular, musculoskeletal, or muscular disabilities. Families and children consult with a pediatric orthopedic surgeon, pediatrician, registered dietician, physical and occupational therapists, an orthotist, and a durable medical equipment provider. The goal of the Medical Therapy Program is to assist each eligible child to obtain his or her maximum physical potential by evaluating needs for therapy, special equipment, or bracing.

Due to the small population size of Mono County, the structure of the Child Health and Disability Prevention (CHDP) program is the interface between two agencies: Mono County Public Health and Department of Social Services. In Mono County, the Health Department handles the administrative aspects of CHDP; the Department of Social Services educates and refers their clients to CHDP when appropriate; and Sierra Park Pediatric pediatricians are the providers. The CHDP Deputy Director works with the Medi-Cal eligibility program manager in Social Services as well as the physicians within the CHDP program. The CHDP Deputy Director meets quarterly with Managed Care Medi-Cal providers to facilitate case coordination with the medical referrals documented on the CHDP exam. Managed Care Medi-Cal providers in Mono County are California Health and Wellness and Anthem Blue Cross. The CHDP case worker handles the data input and vision, dental, and other pediatric specialty referrals.

The CHDP Deputy Director coordinates both Social Services and the CHDP providers for the most accurate and comprehensive care to the CHDP clients and their families. Reviews for audiology, vision screening, and anthropometric BMI training are completed by Sierra Park Pediatric nurses. In-services for Social Services eligibility workers consisted of a history of CHDP and the referral process. CHDP staff use the MEDS system to ensure the best collaboration with the Department of Social Services.

Public Health Department staff also participate in the Breastfeeding Taskforce. The Breastfeeding Taskforce was established in August 2010 and has developed a widely used Breastfeeding Resource Guide as well as partnered with local businesses to make our community more "breastfeeding friendly," including designated breastfeeding areas in various businesses.

The Health Care Program for Children in Foster Care is housed at the Public Health Department with collaboration between the Health Department and Department of Social Services for case management purposes. The Foster Care Nurse works with CPS and Probation during out-of-home placement of children 0-18 and those young adults who are part of AB 12 (California Fostering Connections to Success Act) to ensure that developmental, medical, dental and mental health needs are met. As required, all medical information obtained by the Foster Care Nurse is then entered into CWS/CMS by Child Welfare Services for documentation purposes.

The Foster Care Nurse participates in CPS visits, multidisciplinary team conferences with the Department of Social Services, and 'Wraparound Services.' The latter is a family-centered process which focuses on the needs of the family and child who has been or is at risk of out of home placement. The desired outcome is for more children to be able to remain with their families or relatives in the community.

CHILDREN'S MEDICAL SERVICES PLAN

MONO COUNTY

INCUMBENT LISTS

FISCAL YEAR

2018-2019

Incumbent List - California Children's Services

For FY 2018-2019, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **IHO** for In-Home Operations, and; **RC** for Regional Center.

County/City: Mono **Fiscal Year: 2018-2019**

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
CCS Administrator	Shelby Stockdale	.10	No	No
CCS Case Manager	Shelby Stockdale	.32	No	No
CCS Case Manager	Jacinda Croissant	.40	No	No
MTP Liaison	Shelby Stockdale	.05	No	No
MTP Liaison	Jacinda Croissant	.0324	No	No
CCS Coordinator	Olivia Wilson	.75	No	No
CMS Fiscal Agent	Kimberly Bunn	.02	No	No
Public Health Director	Sandra Pearce	.025	No	No

Incumbent List - Child Health and Disability Prevention Program

For FY 2018-2019, complete the table below for all personnel listed in the CHDP budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Mono

Fiscal Year: 2018-2019

Job Title	Incumbent Name	FTE % on CHDP No County/City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed ? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
CHDP Director	Dr. Tom Boo	.01	-	.99 other	No	No
CHDP Deputy Director	Shelby Stockdale	.015	-	.42 CCS .05 MTP .10 HCPCFC .415 other	No	No
CHDP Case Manager	Shelby Stockdale	.015	-	.42 CCS .05 MTP .10 HCPCFC .41 other	No	No
CHDP Coordinator	Olivia Wilson	.06	-	.75 CCS .03 MTP .16 other	No	No
CMS Fiscal Agent	Kimberly Bunn	.01	-	.02 CCS .97 Other	No	No
Public Health Director	Sandra Pearce	.01	-	.03 CCS .96 Other	No	No

Incumbent List - Health Care Program for Children in Foster Care

For FY 2018-19 complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Mono

Fiscal Year:
2018-2019

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Foster Care PHN	Shelby Stockdale	.09	.01	.03 CHDP .42 CCS .05 MTP .415 other	No	No

CMS PLAN
MONO COUNTY
DUTY
STATEMENTS
FISCAL YEAR
2018-2019

**COUNTY OF MONO
CCS PROGRAM**

CCS ADMINISTRATOR– DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Shelby Stockdale BSN, RN, PHN .10 CCS

The public health nurse administers the CCS program in the local dependent county. The public health nurse has direct contact with the family, acting as an advocate in obtaining the appropriate health services and as a liaison between the medical provider, the community, and the regional office that provides the administrative component of the program.

- 5% Prepare and submit the annual CCS administrative plan and budget including required documents and reports.
- 5% Provide consultation and technical assistance for program administration. Assess and evaluate CCS program on a continuing basis. Assess, plan for and develop any needed CCS specialty clinics.
- 5% Recruit CCS providers, including the paneling process and orientation to CCS, and support to maintain ongoing provider commitment to CCS.
- 10% Supervise CCS staff in case management and in the maintenance of the CCS program, assuring program compliance, including performance evaluations and scheduling.
- 5% Provide training and orientation to new CCS staff. Provide outreach and education to providers about CCS program and paneling opportunities.
- 3% Supervise local CCS activities and referrals in coordination with SCRO.
- 2% Attend interagency and community meetings to enhance and integrate CCS services into the community.

**COUNTY OF MONO
CCS PROGRAM**

CCS CASE MANAGER – DUTY STATEMENT

(HEALTH PROGRAM MANAGER/PHN)

Shelby Stockdale BSN, RN, PHN .32 CCS

Jacinda Croissant BSN, RN, PHN .40 CCS

The public health nurse administers the CCS program in the local dependent county. The public health nurse has direct contact with the family, acting as an advocate in obtaining the appropriate health services and as a liaison between the medical provider, the community, and the regional office that provides the administrative component of the program.

- 5% Identify children with potential CCS medically eligible conditions and assists with the referral/application process.
- 10% Act as liaison between the family, medical provider, community and the Southern California Regional Office through a case management plan developed with the family.
- 3% Participate in conferences on behalf of CCS clients as necessary to coordinate service needs and program benefits.
- 15% Using skilled professional nursing expertise, review CCS medical reports to coordinate appropriate action with regional office.
- 5% Coordinate client care by referring to other appropriate agencies. Coordinate client care between specialty CCS clinics and providers.
- 5% Attend training programs provided by CCS to stay current with policy/procedure and case management.
- 2% Direct clerical staff in correspondence to families, providers and the regional office.

**COUNTY OF MONO
CCS PROGRAM**

MTP LIAISON – DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Shelby Stockdale BSN, RN, PHN .05 MTP

Jacinda Croissant BSN, RN, PHN .0324 MTP

The public health nurse administers the CCS program in the local dependent county. The public health nurse has direct contact with the family, acting as an advocate in obtaining the appropriate health services and as a liaison between the medical provider, the community, and the regional office that provides the administrative component of the program.

Administration:

- 5% Act as Medical Therapy Program (MTP) liaison to the Local Education Agency (LEA) to coordinate activities with special education. Participate in interagency meetings for planning, coordination of client care, and training.
- 5% Assist in the maintenance of an IAA with MCOE.
- 5% Coordinate the biannual MTCs for CCS clients. Direct clerical assistance for MTP liaison and MTC activities.

Case Management:

- 5% Attend IEP and IFSP meetings for MTP clients when requested by the parent or LEA to coordinate client care, or supervise designee.
- 2% Attend training and updates for CCS-MTP liaison activities.
- 3% Coordinate client care and follow-up services from the MTC.

**COUNTY OF MONO
CCS PROGRAM**

CCS COORDINATOR - DUTY STATEMENT

(Community Health Outreach Specialist)

Olivia Moreno .75 CCS

This is a non-professional position under the direct supervision of the CCS Administrator that assists with various components and client case management of the CCS program. State CMS refers to this county position as a Case Management/Program Eligibility Technician. This position includes but is not limited to identification of potential medically eligible children, assistance in case management including the application process, insurance coverage, financial/residential eligibility, maintenance of records and program timelines. It also assists with coordination of clinics, outreach and health education promotion, reporting and administrative assistance, and translation.

PROGRAM ELIGIBILITY

- 10% Receive and process CCS referrals. Utilize CMSNet for client data and communication with regional office. Obtain necessary medical documentation from family/provider to ensure a completed CCS referral as required by the program. Give to skilled nursing staff for review. Provide correspondence to the family and providers regarding client eligibility.
- 15% Determine financial and residential CCS eligibility through MEDS, EDS, and interviews of the applicant and family. Do annual CCS financial and residential eligibility re-determinations.
- 5% Communicate effectively with Medi-Cal eligibility as needed. Help family problem-solve with Medi-Cal when needed. Must have a working knowledge of EDS and MEDS system.

CASE MANAGEMENT

- 15% Work closely with and under the direction of the local nurse case manager and regional office to provide case management activities for the client/family, obtain medical reports, request and monitor authorizations, coordinate appointments with CCS providers, keep records, and monitor CMSNet updates.
- 2% Maintain a tracking system to ensure a timely response to the family and compliance with CCS case management timelines. Process case closures when applicable. Send county CCS Notice of Action letters.

Mono County Children's Medical Services Plan and Fiscal Guidelines 2018-2019

- 3% Identify barriers to client services, including family's need for transportation, food and lodging assistance; need for interpreter. Refer family for assistance.
- 5% Assist with interpretation for CCS case management work with Spanish-speaking families. Some of this may be strictly translation and some may be independent case management in Spanish as directed by the PHN.
- 10% Refer to Medi-Cal and other services if potentially eligible.
- 5% Assist in coordination of specialty CCS clinics, i.e. MTC. Assist in preparation, scheduling, collection of medical documents and reports, authorizations for clinics and IEP.

PROVIDER SUPPORT

- 5% Assist with CCS orientation and trainings to providers, and ongoing staff education.
- 10% Respond to inquiries by clients and providers regarding program difficulties (billing, missing authorizations, scheduling appointments) and help to problem-solve.
- 3% Participate in required training by county/state including CCS program and case management, including MEDS, CMSNet and EDSNet training.
- 2% Monitor and verify CCS claims on monthly expenditure reports. Follow-up if claim problems noted for specific providers.

ADMINISTRATIVE SUPPORT

- 10% Maintain CCS databases and do data entry for case management, analysis and reporting. Assist in preparation of annual CMS plan. Prepare required census reports; prepare quarterly reports for state and budget requirements.

**COUNTY OF MONO
CHILDREN'S MEDICAL SERVICES**

CMS FISCAL AGENT – DUTY STATEMENT

(Public Health Fiscal and Administrative Officer)

Kimberly Bunn .02 CMS (CCS, CHDP)

The Children's Medical Services Program fiscal agent performs all fiscal duties in support of the CMS program. The duties include but are not limited to:

1. Preparation of budget and any budget revisions.
2. Prepare materials necessary for submission to the Board of Supervisors for approval.
3. Prepares invoices.
4. Processes all invoices for payment through the Auditor's office.
5. Oversees the data entry of time studies.
6. Deposits all receipts in appropriate accounts.
7. Maintains inventory of program equipment.
8. Prepares fiscal information for periodic reports.
9. Other duties as required.

**COUNTY OF MONO
CCS PROGRAM**

PUBLIC HEALTH DIRECTOR – DUTY STATEMENT

Sandra Pearce PHN .025 CMS (CCS, CHDP)

The public health director supervises all Public Health staff in the local county, including supervision of the CMS and HCPCFC programs. The director is responsible for planning, organizing and directing the activities of all county-wide public health programs.

Oversee the planning, organization, and coordination of the Public Health Division in the local county.

Supervise, train, assign and evaluate staff including new employee orientation.

Plan, develop, justify and manage a program budget according to division and funding source requirements; maintain budgetary control.

Ascertain program needs and lead staff in setting vision, goals, and objectives.

Coordinate ongoing emergency response activities with other county departments.

Serve as a resource and technical consultant, and explains the health department role and policies, laws, and regulations in assigned area to officials, groups and individuals.

Develop, write and implement grant proposals.

**COUNTY OF MONO
CHDP PROGRAM**

CHDP DIRECTOR – DUTY STATEMENT

(COUNTY HEALTH OFFICER)

Tom Boo, MD, FAAFP, DTM&H .01 CHDP

The County Health Officer is to direct the enforcement of Federal, State, and local health laws and relations and has responsibility for planning and providing direction to the County as a professional medical consultant. The health officer also fulfills the CHDP Director position for the CHDP program in the local county.

- 5% CHDP Director – help plan and evaluate the CHDP Gateway program and its interaction within the community and other organizations/agencies involved in the delivery of health services to the target population. Provide consultation and medical direction for local CHDP Deputy Director, other health professional and ancillary staff in CHDP program
- NA Uphold local health orders, ordinances, and regulations prescribed by the State Department of Services and State statutes relating to public health.
- NA Assesses community health status and reports on the health status of the community using multiple epidemiologic, survey and statistical methods.
- NA Must legally respond to public health emergencies and develop an integration plan for Health Department staff into the County Disaster Management Team.
- NA Plans, develops, approves, and implements medical protocols and procedures for Public Health programs and services, for Sheriff emergency services and for jail inmate screening and sick calls.
- NA Acts in an advisory and public relations capacity on the administration of Federal, State and County medical care programs
- NA Provides medical consultation and health information to the public, community and county staff, health providers, and may offer Public Health education.

**COUNTY OF MONO
CHDP PROGRAM**

CHDP DEPUTY DIRECTOR – DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Shelby Stockdale BSN, RN, PHN .015 CHDP

The public health nurse administers the CHDP program in the local county. This position includes but is not limited to deputy director duties and administration of program policies and procedures, data analysis and program planning, supervision of case management, provider enrollment/disenrollment, and supervision of health professional and ancillary staff activities.

PROVIDER ORIENTATION AND TRAINING

- 5% Provider Recruitment – outreach and recruitment for CHDP providers.
- 15% Provider Orientation and Education – orient providers to CHDP PM 160 health assessments, utilization of program, staff training and technical assistance.
- 5% Provider Audits –review medical records (PM 160, etc) for documentation of services, identify training needs and provide medical/technical assistance.
- 5% Medical Quality Assurance – review qualifications and standards with CHDP providers and compliance with the CHDP Provider Manual.

LIAISON ACTIVITIES

- 3% Regional Meetings – share local county health issues, methodology and implementation of the CHDP Program, and outreach efforts to the target population.
- 15% Community/Interagency Liaison – coordinate CHDP activities with Welfare (Child Protective Services, Foster Care, Medi-Cal and AFDC), IZ, WIC, CCS, Head Start, Department of Education, including defining health needs of the children of mutual concern and sharing problems and solutions the delivery of services.
- 20% Administration and Supervision: provide data for documentation required by the county and state, including time studies, input on budgets, claims, and the supervision and training of the local CHDP staff. Administrative duties including staff performance evaluations and staff scheduling.

CARE COORDINATION

- 5% Supervision of CHDP staff for PM 160 case management to ensure the completion of any referrals for diagnosis and treatment.
- 10% Supervision of local CMS health professional and ancillary staff in CHDP program activities of informing and linking children/families to services and accessing health care. This also includes identifying potential clients, and supporting the application process for Medi-Cal Insurance by clients.
- 5% HCPCFC – supervise the HCPCFC program and case management for foster care children with CWS/Probation.

INFORMING/LINKING ACTIVITIES

- 5% Education Materials – identify and evaluate existing sources of education materials for their appropriateness and local use; consult with providers regarding materials most appropriate for clients; utilize with training and orientation of providers.
- 5% Promote outreach within the community, linking the target population to CHDP services and providers.

**COUNTY OF MONO
CHDP PROGRAM**

CHDP CASE MANAGER—DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Shelby Stockdale BSN, RN, PHN .015 CHDP

Under the direction of the CHDP Deputy Director, the public health nurse provides skilled medical expertise for the CHDP Gateway program in the local county. The public health nurse has direct contact with the family, acting as an advocate in obtaining the appropriate health services, case management and liaison between the medical provider, community, and the state offices. This position also includes provider education and support.

PROVIDER SUPPORT

- 15% Assist in orienting providers to CHDP enrollment, PM 160 health assessments, and provide ongoing staff training and technical assistance.
- 5% Provide ongoing consultation and technical assistance to CHDP providers.

LIAISON and LINKING/INFORMING

- 5% Promote outreach for CHDP within the community. Oversee local CHDP program activities informing and linking the target population to services and accessing health care.
- 5% Attend interagency and community meetings to enhance and integrate CHDP services into the community. Act as liaison for CHDP program, providing direction and support to providers, social services, other health department programs (WIC, MCH, IZ etc) and state regional office.
- 5% Attend state trainings for CHDP to keep current on policy/procedure and changes.
- 5% Identify and evaluate existing resources of CHDP educational and outreach materials for their appropriateness and local use; consult with providers regarding materials most appropriate for clients; utilize with training and orientation of providers.
- 10% Identify potential CHDP clients, and support the application process for Medi-Cal Insurance by clients. Work closely with social services and eligibility workers.

CASE MANAGEMENT

- 5% Identify children with potential need of CHDP exams and assist with the referral/application process.
- 20% Case management and care coordination of CHDP PM 160s to ensure the completion of any referrals for diagnosis and treatment.
- 10% Maintain case data documentation, and formulate necessary state and local reports as directed.

HEALTH EDUCATION

- 5% Collaborate with WIC clinics and other community events to provide health education and outreach to target population regarding CHDP services.
- 10% Provide community health education on various health topics such as Lead Poisoning, Anemia, Early Childhood Caries (ECC), and other health topics.

**COUNTY OF MONO
CHDP PROGRAM**

CHDP COORDINATOR - DUTY STATEMENT

(CHOS – Community Health Outreach Specialist)

Olivia Wilson .06 CHDP

This is a non-professional position under the direct supervision of the CHDP Deputy Director that assists with various CHDP program components and client case management. This position includes but is not limited to assistance in case management including application process, insurance coverage, referrals and diagnosis/treatment follow-up, maintenance of records and data base. It also assists with outreach and education, reporting and administrative assistance, and translation as needed.

LINKING/INFORMING

- 5% Follow-up on CHDP PM357s from Social Services and maintain record of informed eligible clients. Contact families requesting more information about CHDP, provide transportation and scheduling assistance, and complete documentation in database.
- 5% Communicate effectively with Medi-Cal system for eligibility as needed. Help family problem-solve with Medi-Cal when needed. Must have a working knowledge of EDS and MEDS system.
- 3% Assist in CHDP program outreach and education to families, providers, agencies and in the community.
- 2% Refer children to CCS, EPSDT Services, or other services if potentially eligible.
- 10% Assist the family with the joint application for Medi-Cal Insurance when appropriate for CHDP to access future health care.

CARE COORDINATION

- 10% Assist with CHDP PM 160 referrals for further diagnosis/treatment and provide case management under the direction of a skilled nurse.
- 10% Determine financial and residential CHDP eligibility through MEDS, EDS, or family interviews for diagnosis/treatment referrals.
- 2% Maintain a tracking system to ensure a timely response to the family and compliance with PM 357 and PM 160 case management timelines.

Mono County Children's Medical Services Plan and Fiscal Guidelines 2018-2019

- 3% Identify barriers to client services, including family's need for transportation and/or interpreter services. Refer family for assistance.
- 5% Assist with interpretation for CHDP case management work with Spanish-speaking families. Some of this may be strictly translation and some may be independent case management in Spanish as directed by the PHN.

PROVIDER ORIENTATION AND TRAINING

- 5% Assist with CHDP orientation and training to providers.
- 5% Respond to inquiries by clients and providers regarding program difficulties (billing, missing authorizations, scheduling appointments) and help to problem-solve.
- 5% Participate in required training by county/state including program and case management, MEDS and EDS Net for provider support.
- 2% Monitor CHDP provider claims on monthly expenditure reports. Follow-up if claim problems noted for specific providers.
- 3% Distribution of CHDP Provider Information Notices, Provider list and state approved brochures to the County Department of Social Services, and information to individuals as directed by the CHDP Deputy Director.

ADMINISTRATIVE SUPPORT

- 15% Receive necessary medical documentation from provider to ensure a complete CHDP PM 160 exam and/or referral as required by the program. Enter into database and give to skilled nursing staff for review.
- 10% Maintain CHDP databases and data entry for case management, analysis and reporting. Assist in preparation of annual CMS plan. Prepare required census reports; prepare quarterly reports for state and budget requirements.

Health Care Program for Children in Foster Care (HCPCFC)

FOSTER CARE PHN—DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Shelby Stockdale BSN, RN, PHN .10 HCPCFC

This is a skilled nursing position under the direct supervision of the CHDP Deputy Director to assist with medical case management of children placed in foster care. The nurse works closely with Child Welfare Services (CWS) and Probation during out-of-home placement of children 0-18 years old, and those placed in extended Foster Care through AB12, following the Mono County HCPCFC MOU and SOW.

Duties:

CASE MANAGEMENT

- 25% Obtain health information (PM 160s, IZ records, exam reports) for children placed in foster care through CWS or Probation.
- 25% Provide current information to CWS to update health history, health information, and needs in Health Passport for each foster child.
- 10% Provide training and education for professionals and para-professionals in agencies, including court system, to increase awareness and interest in health needs for foster children and coordination of care.
- 10% Provide training and education to SCP regarding special health needs, health care and services desired for the foster child. Provide health recommendations to the child's biological parents upon reunification or to the foster child upon emancipation, including health providers and resources.
- 10% Assist social workers in developing the required court plans, for inclusion of health needs if appropriate. Collaborate in preparation of the written plan (usually every 6 months).
- 10% Collaborate with in-county and out-of-county CHDP providers and CHDP staff to identify adequate of providers to see foster care children.
- 10% Maintain a tracking system to follow health care for the foster child in placement, and follow up on changes in the health status. Collaborate with the social worker or probation officer.

CHILDREN'S MEDICAL SERVICES PLAN

PERFORMANCE MEASURES

FISCAL YEAR
2018-2019

CHDP Performance Measure 1 - Care Coordination

The degree to which the local CHDP program provides effective care coordination to CHDP eligible children.

Definition: CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective CHDP care coordination is measured by determining the percentage of health condition(s), coded 4 or 5, where follow-up care is initiated¹ within 120 days of local program receipt of the PM 160.

Numerator: Number of conditions, coded 4 or 5, where the follow-up care was initiated within 120 days of receipt of the PM 160.

Denominator: Total number of conditions, coded 4 or 5, on a PM 160, excluding children lost to contact.

Data Source: Local program tracking system.

Reporting Form: FY 2017-2018

Element	Number of conditions coded 4 or 5 where follow-up care was initiated (Numerator)	Total number of conditions coded 4 or 5, excluding children lost to contact (Denominator)	Percent (%) of conditions where follow-up care was initiated within 120 days
Conditions found on children eligible for Medi-Cal that required follow-up care	7	7	100%
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care	0	0	N/A

¹ Centers for Medicare and Medicaid Services, Publication #45, the State Medicaid Manual, Chapter 5 EPSDT, Section 5310 A <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

CHDP Performance Measure 2 - New Provider Orientation

The percentage of new CHDP providers with evidence of quality improvement monitoring by the local CHDP program through a New Provider Orientation.

Definition: The number of new CHDP providers (i.e., M.D., D.O., N.P., P.A.) added within the past fiscal year who were oriented by the local program staff.

Numerator: The number of new CHDP providers who completed an orientation within the past fiscal year.

Denominator: The number of new CHDP providers in the county or city (local program) added within the past fiscal year.

Data Source: Local program tracking system.

Reporting Form: FY 2017-2018

Number of New Providers who Completed Orientation (Numerator)	0
Number of New Providers (Denominator)	0
Percent (%) of New Providers Oriented	N/A

CHDP Performance Measure 3 - Provider Site Recertification

The percentage of CHDP provider sites (excludes newly enrolled providers) who have completed recertification within the past fiscal year. Provider site visits may occur for other reasons. These can be documented for workload activities. The purpose of this performance measure is to ensure that all providers are recertified at least once every three (3) years. This performance measure is a benchmark to ensure that providers are recertified using the Facility and Medical Review Tools. These tools ensure that providers maintain CHDP standards for health assessments.

Definition: An office visit which includes a medical record review and a facility review or Critical Element Review with a Managed Care Plan.

Numerator: The number of CHDP provider sites who have completed the Recertification within the past fiscal year using the facility review tool and medical record review tool.

Denominator: The number of active CHDP provider sites in the county/city due for recertification within the fiscal year.

Data Source: Local program tracking system.

Reporting Form: FY 2017-2018

Number of Completed Site Recertifications (Numerator)	0
Number of Active CHDP Provider Sites Due for Recertification (Denominator)	0
Percent (%) with Completed Recertifications	N/A

Optional Workload Data Tracking Form:

(Other reasons for a provider site visit by local program. This identifies workload.)

Other reasons for provider site visits:	Number of Visits
1. Provider change in location or practice	0
2. Problem resolution such as, but not limited to, billing issues, parental complaints, facility review and/or other issues. ²	0
3. Medical record review.	0
4. Office visits for CHDP updates or in-service activities	0
5. Other Please Specify:	0

CHDP Performance Measure 4 - Desktop Review: Dental, Lead

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

Definition: A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Referral to a dentist at 1 year exam (12-14 months of age)
- Lead testing or a referral for the test at 1 year exam (12-14 months of age)

Numerator: The number of PM 160 elements recorded correctly per selected providers for the specific ages.

Denominator: The total number of PM 160s reviewed per selected providers for the specific ages.

Data Source: Local program tracking system.

Reporting Form: 2017-2018

	Dental Referral			Lead Test or a Referral		
	Number of PM 160s w/ Dental	Total PM 160s		Number of PM160s w/ Lead Screening or Referral	Total PM 160s	
SP Peds	40	40	100%	40	40	100%

CHDP Performance Measure 5 – Desktop Review: BMI

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the five-year Performance Measure cycle, or select different provider sites each year.

Definition: A targeted desktop review for three (3) high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Body Mass Index (BMI) Percentile for ages two (2) years and over.
- If BMI Percentile is abnormal, the description of weight status category³ and/or a related diagnosis are listed in the Comments Section.

BMI percentile	Weight status category
< 5 th %ile	Underweight
85 th - 94 th %ile	Overweight
95 th - 98 th %ile	Obese
≥ 99 th %ile	Obesity (<i>severe</i>)

Numerator: The number of PM 160s BMI-related elements correctly documented for ages two (2) years and over.

Denominator: The total number of PM 160s reviewed per selected providers for ages two (2) years and over.

Data Source: Local program tracking system.

³ **CHDP Provider Information Notice No.: 07-13:** Childhood Obesity Implementation Guide from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity- 2007.
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0713.pdf>

Mono County Children's Medical Services Plan and Fiscal Guidelines 2018-2019

Reporting Form: FY 2017-2018

Provider	BMI percentile recorded on PM 160s for children ages 2 (two) and older			If BMI percentile is < 5 %, 85 - 94 %, or ≥ 95 %, abnormal weight status category and/or related diagnosis listed in		
	Number of PM 160s with BMI %ile	Number of PM 160s		Number of PM 160s with abnormal weight status category/ diagnosis	Number of PM 160s with abnormal weight status reviewed for, diagnosis	
SP Peds	14	30	46%	4	1	25%

CHDP Performance Measure 6 - County/City Use of Childhood Obesity Data

1. Childhood obesity data shared with CHDP Providers to inform about overweight and obesity prevalence rates: <i>(If yes, underline all that apply)</i>	YES	NO
Presentations, in-services, trainings		x
Newsletters, media outreach----Counseling by Sierra park Pediatrics	x	
Provide educational and resource materials related to healthy eating/active living		x
2. Childhood obesity data shared to support local assistance grants and implementation of multi-sector policy strategies to create healthy eating and active living community environments (Goal 3, California Obesity Prevention Plan 2010): <i>(If yes, underline all that apply)</i>		
Academic: Universities, Academic Institutions, Educators and Researchers Other <i>(Please specify):</i>		N/A
Community Coalitions/Committees: Health Collaboratives/Coalitions – Vision Care	x	
Community Planning: City Planners, County Land Use Staff, Built Environmental Groups Other <i>(Please specify):</i> Community Health Needs Assessment Committee	x	
Community Programs: Faith-based Groups. YMCA/YWCA, After School programs, Parks and Recreation programs, Child Care, University Cooperative Extension Other <i>(Please specify):</i> Early Start, First 5	x	
Health Care: Managed Care Health Plans and Insurers, Hospitals, CCS Program/Special Care Centers, Medical Provider Groups, Medical Societies, Health Associations Other <i>(Please specify):</i> CCS Program	x	
Policy Makers: County Board of Supervisors, City Councils, Community Planners, Legislators Other <i>(Please specify):</i>	x	
Projects or Funding Entities: First Five Commission, Public and Private Foundations/Endowments/Grants Other <i>(Please specify):</i>		x

Mono County Children's Medical Services Plan and Fiscal Guidelines 2018-2019

Public Health Programs: WIC, Foster Care, MCAH, Nutrition Network Funded Projects, Health Officers, Epidemiologists, Program Directors Other (<i>Please specify</i>):	x	
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HCPCFC Performance Measure 1 - Care Coordination

The degree to which the local HCPCFC provides effective care coordination to CHDP eligible children.

Definition: CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective HCPCFC care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated within 120 days of local program receipt of the PM 160.

Numerator: Number of conditions coded 4 or 5 where the follow up care was initiated within 120 days of receipt of the PM 160.

Denominator: Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.

Reporting Form: FY 2017-2018

Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160. (Numerator)	2
Total number of conditions coded 4 or 5 on a PM 160, excluding cases lost to no contact. (Denominator)	2
Percent of conditions coded 4 or 5 where the client received follow-up care within 120 days of receipt of the PM 160.	100%

Data Source: Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department

HCPCFC Performance Measure 2 - Health and Dental Exams for Children in Out-of-Home Placement

The degree to which the local HCPCFC program ensures access to health and dental care services for eligible children according to the CHDP periodicity schedule.

Definition: This measure is based on characteristics that demonstrate the degree to which the PHN in the HCPCFC facilitates access to health and dental services as evidenced by documentation of a health and dental exam in the Health Education Passport.

Numerator 1: Number of children in out-of-home placement with a preventive health exam, according to the CHDP periodicity schedule documented in the Health and Education Passport, and

Numerator 2: Number of children in out-of-home placement with a preventive dental exam, according to the CHDP dental periodicity schedule documented in the Health and Education Passport.

Denominator: Number of children in out-of-home placement during the previous fiscal year supervised by Child Welfare Services or Probation Department.

Reporting Form: FY 2017-2018

Element	Number of Children With Exams (Numerator)	Number of Children (Denominator)	Percent of Children with Exams
Number of children in out-of-home placement with a preventive health exam according to the CHDP periodicity schedule documented in the Health and Education Passport. (Numerator)	2	2	100%
Number of children in out-of-home placement with a preventive dental exam according to the CHDP dental periodicity schedule documented in the Health and Education Passport.	2	2	100%

Data Source/Issue: Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department.

CMS Plan 2017-2018 Fiscal Year Performance Measure Narrative

CHDP Performance Measure 1 – Care Coordination

The local tracking system utilized for this performance measure is a manual review of all PM 160s marked 4 or 5 for the fiscal year 2017-2018.

As Mono County is an extremely rural county, specialty care most often requires out of county travel of at least 5 hours. Travel out of county can be very difficult at times of the year due to heavy snow fall, road closures, or travel restrictions. Very few specialists practice in Mono County, especially pediatric specialists. We are working with Managed Care Medi-Cal to re-recruit specialists in Inyo County for optometry. Currently there is an ophthalmologist in Inyo County as well as an optometry provider in South Lake Tahoe that accept Medi-Cal. Dental care is provided through Sierra Park Family Dental locally. Children with all other referrals must travel out of the area, often to Los Angeles, Sacramento, Loma Linda, or Orange County.

As many families are at or below the federal poverty level in Mono County, out of county travel and taking time away from job responsibilities have significant financial impact and often families are not able to follow through with the recommended medical care within the 120 day goal of CHDP. Both Managed Care Medi-Cal providers are now able to assist families with transportation to appointments using LogisiCare. We have also found that some specialists have more than a month long wait list that has caused a delay in receiving care.

The Deputy Director is communicating with Managed Care Medi-Cal representatives, Anthem Blue Cross and California Health and Wellness, through quarterly meetings.

CHDP Performance Measure 2 – New Provider Orientation

There were no new CHDP providers in Mono County for the fiscal year 2017-2018.

CHDP Performance Measure 3 – Provider Recertification

Recertification, due every three years, at Sierra Park Pediatrics was due and accomplished in September 2017. Not due until September 2020.

CHDP Performance Measure 4 – Desktop Review

The local tracking system utilized for this performance measure is a randomly chosen manual review of PM 160s.

HCPCFC Performance Measure 1 – Care Coordination

The local tracking system used to gather the data for this performance measure is chart review and review of Health and Education Passports.

HCPCFC Performance Measure 2 – Health and Dental Exams for Children in Out-of-Home Placement

The local tracking system used to gather the data for this performance measure is a chart review and review of Health and Education Passport.

CCS Performance Measures

The degree to which local CCS programs provide effective utilization review and management to eligible CCS children; the local programs will evaluate and rate **each** of the five (5) components as individual indicators of program effectiveness.

The five components for review are:

1. Medical Home
2. Determination of CCS Eligibility
3. Special Care Center
4. Transition Planning
5. Family Participation

CCS Performance Measure 1 – Medical Home

Children enrolled in the CCS Program will have documented Medical homes/primary care providers. The goal is to have 100% compliance.

Definition: Children in the CCS program will have a designated primary care physician and/or a physician who provides a medical home.

Numerator: The total number of children with a completed field with identification of a primary care physician and/or a physician that provides a medical home.

Denominator: The total number of children in the local CCS county program.

Data Source: Sample of 100 charts or 10% of caseload if caseload under 1,000.

Reporting Form: FY 2017-2018

Number of children with a primary care physician/ Medical Home (Numerator)	Number of children in the local CCS program (Denominator)	Percentage of compliance
40	68	58%**

** Mono County plans to continue contacting all CCS families and inquire about their current medical home and update their records. Percentage has increased 7% since FY 16-17

* Note: If county percentage of compliance is under 80%, counties need to submit with the annual report a plan for how they will work to improve this result.

CCS Performance Measure 2 – Determination of CCS Program Eligibility

Children referred to CCS have their program eligibility determined within the prescribed guidelines per Title 22, California Code of Regulations, Section 42000, and according to CMS Branch policy. Counties will measure the following:

Numerators:

- a. Medical eligibility within five working days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists.
- b. Residential eligibility within 30 days of receipt of documentation needed to make the determination.
- c. Financial eligibility within 30 days of receipt of documentation make the determination.

Denominator: Number of CCS unduplicated new referrals to the CCS program assigned a pending status in the last fiscal year.

Data Source: 10% of the county CCS cases or 100 cases (which ever number is less).

Reporting Form: FY 2017-2018

MEDICAL ELIGIBILITY	Number of referrals determined medically eligible within 5 days (Numerator)		Number of new unduplicated referrals (Denominator)		Percentage of compliance
Medical eligibility determined within 5 days of receipt of all necessary documentation	<i>Data unavailable as we are a dependent county and medical eligibility is determined in SCRO</i>				Unavailable
PROGRAM ELIGIBILITY	Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination (Numerator)		Number of new unduplicated referrals (Denominator)		Percentage of compliance
Financial eligibility determined within 30 days	FSMC/MC 17	CCS only 4	FSMC /MC 25	CCS only 5	CCS: 80% FSMC/MC: 68%
Residential eligibility determined within 30 days	21		30		70%

CCS Performance Measure 3 (A & B) – Special Care Center

This Performance Measure is evaluated in two parts.

Part A: Annual Team Report

Definition: This performance measure is based on the CCS requirement for an annual team report for each child enrolled in CCS whose condition requires Special Care Center services and has received an authorization to a Special Care Center. County CCS programs will evaluate this measure by the presence of an annual team conference report in the child's medical file.

Numerator: Number of children that received a Special Care Center authorization and were seen at least annually at the appropriate Special Care Center as evidenced by documentation and completion of the interdisciplinary team report.

Denominator: Number of children enrolled in CCS whose condition as listed in categories defined in Numbered Letter 01-0108 requires CCS Special Care Center services and has received an authorization to a Special Care Center.

Data source: 10% of the county CCS cases authorized to SCC or 100 cases (which ever number is less).

Part B: Referral of a Child to SCC

Definition: This measure is based on the CCS requirement that certain CCS eligible medical conditions require a referral to a CCS Special Care Center for ongoing coordination of services.

Numerator: Number of children in CCS, with medical conditions in the categories as listed in Numbered Letter 01-0108 requiring a Special Care Center Authorization, who actually received an authorization for services.

Denominator: Number of children enrolled in CCS, with medical conditions, requiring Special Care Center Authorizations.

Data source: Counties shall identify and use four or five specific diagnosis categories (cardiac, pulmonary, etc) as listed in the Special Care Center Numbered Letter 01-0108 as it relates to the SCC(s) identified for your client population. The county shall identify one or more diagnostic codes and use the diagnosis codes indicated for the SCC categories selected for this PM.

Mono County Children's Medical Services Plan and Fiscal Guidelines 2018-2019

Reporting Form - Part A: FY 2017-2018

Category selected (cardiac, pulmonary, etc.)	Number of children with annual team report in client's medical records (Numerator)	Number of children with SCC authorization (Denominator)	Percentage of compliance
SCG 02 (except NICU admissions, SCG 04, and SCG 06)	28	28	100%

Reporting Form – Part B: FY 2017-2018

Category selected (cardiac, pulmonary etc.)	Number of children with authorization to SCC	Number of children with medical conditions that require SCC	Diagnostic Code Chosen	Percentage of compliance
Communication	16	16	F80.1, H90., 389.0,	100%
Craniofacial	5	5	Q35.9, Q30.0, Q17.9	100%
Endocrine	3	3	E10.65, E16.2, E06.3	100%
Spina Bifida	1	1	Q05.9	100%
Cardiac	3	3	747.10, 746.3	100%

* Counties may select four (4) to five (5) specific medical conditions as outlined in the SCC NL to use as the basis for clients that should have a referral to a CCS SCC.

CCS Performance Measure 4 – Transition Planning

Definition: Children, 14 years and older who are expected to have chronic health conditions that will extend past the twenty-first birthday will have documentation of a biannual review for long term transition planning to adulthood.

Numerator: Number of CCS charts for clients 14, 16, 18, or 20 years containing the presence of a Transition Planning Checklist completed by CCS program staff within the past 12 months for children aged 14 years and over whom requires long term transition planning.

- Denominators:**
- a. Number of CCS charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.
 - b. Number of MTP charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.

Data Source: Chart Audit, Completion of Transition Planning Checklist.

* Due to caseload numbers in Los Angeles County, LA County should work with the Regional Office to select an appropriate number of clients to be included in their sample size.

Reporting Form: FY 2017-2018

Number of CCS charts reviewed 7	Number with transition planning 7	Percentage of compliance 100%
Number of MTP charts reviewed 1	Number with transition planning 1	Percentage of compliance 100%

CCS Performance Measure 5 – Family Participation

The degree to which the CCS program demonstrates family participation.

Definition: This measure is evaluated based on **each** of the following four (4) specific criteria that documents family participation in the CCS program. Counties need to indicate the score based on the level of implementation.

Checklist documenting family participation in the CCS program.	Yes	No	Comments
1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation.		X	Updated county family survey in the process of being created. To be sent out to families for FY 18-19
2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.		x	No advisory committee or task force exists at this time. Previous 2017 survey sent to every CCS family inquiring their interest in participating in committees. 2 out of 81 responses received were interested and thus no committee was created. Will re-evaluate interest in family participation in FY 18-19 survey.
3. Family members are participants of the CCS Special Care Center services provided to their child through family participation in SCC team meeting and/or transition planning.	x		Family given opportunity to participate in SCC meetings.
4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise.		x	There are no family resource centers in Mono County.

Mono County Children’s Medical Services Plan and Fiscal Guidelines 2018-2019

Reporting Form: Year 2017-2018

Criteria	Performing (25% for each criteria)	Not Performing
1. Feedback		25%
2. Advisory Committee		25%
3. Special Care Center Family participation	25%	
4. Resource Center		25%
Total	25%	75%

**CHILDRENS MEDICAL SERVICES
PLAN
FY 2018-2019
MONO COUNTY
DATA FORMS**

California Children's Services Caseload Summary Form

County: Mono

Fiscal Year: 2018-2019

	CCS Caseload 0 to 21 Years	A		B		17-18 Caseload	% of Grand Total
		15-16 Caseload	% of Grand Total	16-17 Caseload	% of Grand Total		
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	74	56.48%	56	71.79%	46	52.27%
2	Potential Case Medi-Cal	19	14.50%	17	21.79%	33	32.35%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	93	70.99%	73	93.59%	79	89.78%
NON-MEDI-CAL							
HEALTHY FAMILIES (Transitioned to Medi-Cal)							
4	Average of Total Open (Active) Healthy Families	0	0	0	0	0	0
5	Potential Cases Healthy Families	0	0	0	0	0	0
6	Total Healthy Families (Row 4 + Row 5)	0	0	0	0	0	0
STRAIGHT CCS							
7	Average of Total Open (Active) Straight CCS Children	27	20.61	3	3.84%	5	5.68%
8	Potential Cases Straight CCS Children	11	8.40%	2	2.56%	4	4.55%
9	Total Straight CCS (Row 7 + Row 8)	38	29.01%	5	6.41%	9	10.22%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	39	29.01%	5	6.41%	9	10.22%
GRAND TOTAL							
11	(Row 3 + Row 10)	131	100%	78	100%	88	100%

Performance Measure Profile

	2013-14		2014-15		2015-16		2016-17		2017-18	
	MC	N-MC	MC	N-MC	MC	N-MC	MC	N-MC	MC	N-MC
CHDP 1	100%		82.75%		97%		94%		100%	
2	N/A		N/A		N/A		N/A		N/A	
3	100%		N/A		N/A		100%		N/A	
4 Average for all three providers	BMI	85%	BMI	84%	BMI	100%	BMI	96%	BMI	46%
	Dental	100%	Dental	90%	Dental	100%	Dental	84%	Dental	100%
	Lead	98%	Lead	100%	Lead	100%	Lead	100%	Lead	100%
5	100%		100%		1. 100% 2. 56%		1. 96% 2. 24%		1. 46% 2. 25%	
6 (Optional)										
E (Optional)										
HPCFC 1	n/a		n/a		100%		100%		100%	
2	Health	100%	Health	100%	Health	100%	Health	100%	Health	100%
	Dental	77%	Dental	80%	Dental	100%	Dental	100%	Dental	100%

CCS Performance Measure Profile

	2013-14		2014-15		2015-16		2016-17		2017-18	
CCS	96%		97%		45%		51%		58%	
1										
2	MED	N/A	MED	N/A	MED	N/A	MED	N/A	MED	N/A
	RES	93%	RES	96%	RES	100%	RES	100%	RES	70%
	FIN	100%	FIN	100%	FIN	100%	FIN	100%	FIN	80%
3 (A)	80%		82%		88%		100%		100%	100%
3 (B)	100%		100%		100%		100%		100%	100%
4	CCS	100%	CCS	100%	CCS	100%	CCS	100%	CCS	100%
	MTP	n/a	MTP	n/a	MTP	n/a	MTP	n/a	MTP	100%
5	68%		75%		50%		50%		25%	

Mono County Children’s Medical Services Plan and Fiscal Guidelines 2018-2019

CHDP Program Referral Data

Complete this form using the Instructions found on page 4-8 through 4-10.

County: Mono		FY 15-16		FY 16-17		FY 17-18	
Basic Informing of CHDP Referrals							
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services		470	Transition from HF to Medi-Cal	470		231	
2. Total number of cases and recipients in "1" requesting CHDP services		Cases	Recipients	Cases	Recipients	Cases	Recipients
Number of CalWORKs cases/recipients		8	19	3	5	2	5
Number of Foster Care cases/recipients		7	7	2	2	4	4
Number of Medi-Cal only cases/recipients		81	142	77	75	51	66
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:							
Medical and/or dental services		107		63		50	
Medical and/or dental services with scheduling and/or transportation		51		42		36	
Information only (optional)		59		22		21	
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit or written response to outreach letter		192		84		47	
Results of Assistance							
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff		46		40		24	
6. Number of recipients in "5" who actually received medical and/or dental services		82		41		21	

CASES ESTIMATED TO BE AFFECTED BY ON-LINE APPLICATIONS

CHILDRENS MEDICAL SERVICES

PLAN

FY 2018-2019

MONO COUNTY

MEMORANDA OF UNDERSTANDING AND
INTERAGENCY AGREEMENTS

Mono County Children’s Medical Services Plan and Fiscal Guidelines 2018-2019

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City: Mono Fiscal Year 2018-2019

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?
CCS MTP/SELPA DHCS. Per Systems of Care Division: No renewals of IAA MTP until further notice.	IAA	July 2012-2014	6/30/14	Shelby Stockdale BSN, RN, PHN
CHDP/DSS	IAA	July 2017-June 2019	October 2018	Shelby Stockdale BSN, RN, PHN
HCPCFC/CWS & Probation	MOU	July 2017-June 2019	October 2018	Shelby Stockdale BSN, RN, PHN

CHILDREN'S MEDICAL SERVICES
CMS PLAN
Fiscal Year 2018-2019


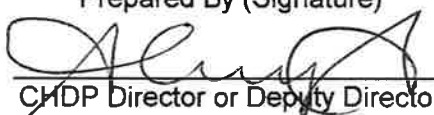
Part III
Budget Forms

**CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2018-2019**

County/City Name: Mono County

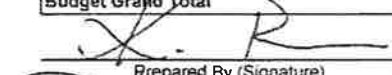
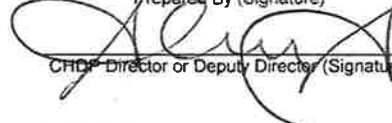
Column	1	2	3	4	5
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$13,866	\$0	\$13,866	\$3,302	\$10,564
II. Total Operating Expenses	\$238	\$0	\$238	\$0	\$238
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$2,641	\$0	\$2,641		\$2,641
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$16,745	\$0	\$16,745	\$3,302	\$13,443

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$0	\$0			
Medi-Cal Funds:	\$16,745		\$16,745		
State Funds	\$7,547		\$7,547	\$826	\$6,722
Federal Funds (Title XIX)	\$9,198		\$9,198	\$2,477	\$6,722

	11/1/2018	760.932.5587	kbunn@mono.ca.gov
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	11/1/2018	760.924.1841	sslockdate@mono.ca.gov
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

MONO COUNTY
CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2018-2019

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
1. Shelby Stockdale, Health Program Manager/PHN	3%	\$84,611	\$2,538	0%	\$0	100%	\$2,538	40%	\$1,015	60%	\$1,523
2. Olivia Wilson, Community Health Outreach Specialist	6%	\$55,976	\$3,359	0%	\$0	100%	\$3,359	0%		100%	\$3,359
3. Sandra Pearce, Public Health Director	1%	\$121,194	\$1,212	0%	\$0	100%	\$1,212	0%		100%	\$1,212
4. Thomas Boo, Health Officer	1%	\$114,660	\$1,147	0%	\$0	100%	\$1,147	100%	\$1,147	0%	\$0
5. Kimberly Bunn, Fiscal Agent	1%	\$82,424	\$824	0%	\$0	100%	\$824	0%	\$0	100%	\$824
Total Salaries and Wages			\$9,080		\$0		\$9,080		\$2,162		\$6,918
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$9,080		\$0		\$9,080		\$2,162		\$6,918
Staff Benefits (Specify %)	52.71%		\$4,786		\$0		\$4,786		\$1,140		\$3,646
I. Total Personnel Expenses			\$13,866		\$0		\$13,866		\$3,301		\$10,564
II. Operating Expenses											
1. Travel			\$0		\$0		\$0		\$0		\$0
2. Training			\$0		\$0		\$0		\$0		\$0
3. Communications			\$63		\$0		\$63				\$63
4. Office Expense			\$175		\$0		\$175				\$175
5.											
II. Total Operating Expenses			\$238		\$0		\$238		\$0		\$238
III. Capital Expenses											
1.											
2.											
3.											
4.											
5.											
III. Total Capital Expenses			\$0		\$0		\$0				\$0
IV. Indirect Expenses											
1. Internal (Specify %)											
2. External (Specify %)	25.00%		\$2,641		\$0		\$2,641				\$2,641
IV. Total Indirect Expenses			\$2,641		\$0		\$2,641				\$2,641
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			\$0		\$0		\$0				\$0
Budget Grand Total			\$16,745		\$0		\$16,745		\$3,301		\$13,443

 Prepared By (Signature)	11/1/18	760.932.5587	kbunn@mono.ca.gov
	Date Prepared	Phone Number	Email Address
 CHDP Director or Deputy Director (Signature)	11/1/18	760.924.1841	sstockdale@mono.ca.gov
	Date	Phone Number	Email Address


**Health Care Program for Children in Foster Care
Base
County-City/Federal Match
Budget Summary**


County/City Name:	Mono County	Fiscal Year:	2018-2019
--------------------------	--------------------	---------------------	------------------

Category/Line Item	Total Budget	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	\$1,235	\$0	\$1,235
II. Total Operating Expenses	\$0	\$0	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$204		\$204
V. Total Other Expenses			
Budget Grand Total	\$1,439	\$0	\$1,439

Source of Funds	Total Funds	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
E	(F = G + H)	G	H
County-City Funds	\$720	\$0	\$720
Federal Funds (Title XIX)	\$719	\$0	\$719
Budget Grand Total	\$1,439	\$0	\$1,439

Source County-City Funds:	County Social Services
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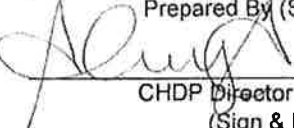
	Kimberly Bunn	10/15/2018	760.932.5587	kbunn@mono.ca.gov
Prepared By (Sign & Print Name)	Date Prepared	Phone Number	Email Address	

	Shelby Stockdale, PHN	10/15/2018	760.924.1841	sstockdale@mono.ca.gov
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address	

**Health Care Program for Children in Foster Care
Base
County-City/Federal Match
Budget Worksheet**

County/City Name: Mono County Fiscal Year: 2018-2019

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County-City/Federal (25/75)	% or FTE	Nonenhanced County-City/Federal (50/50)
I. Personnel Expenses (Name & Title)							
1. Stockdale, Shelby, PHN	1%	\$84,611	\$846	0%	\$0	100%	\$846
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	1%		\$846	0%	\$0	100%	\$846
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$846		\$0		\$846
Staff Benefits (Specify %)	46%		\$389		\$0		\$389
I. Total Personnel Expenses			\$1,235		\$0		\$1,235
II. Operating Expenses							
1. Travel	\$0		\$0		\$0		\$0
2. Training	\$0		\$0		\$0		\$0
II. Total Operating Expenses			\$0		\$0		\$0
III. Capital Expenses							
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	17%		\$204				\$204
2. External							
IV. Total Indirect Expenses			\$204				\$204
V. Other Expenses							
V. Total Other Expenses							
Budget Grand Total			\$1,439		\$0		\$1,439

	Kimberly Bunn	10/15/2018	760.932.5587	kbunn@mono.ca.gov
Prepared By (Sign & Print Name)	Date prepared	Phone Number	Email Address	
	Shelby Stockdale, PHN	10/15/2018	760.924.1841	ssstockdale@mono.ca.gov
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address	


**Health Care Program for Children in Foster Care
Base
State/Federal Match
Budget Summary**

County/City Name:	Mono County	Fiscal Year:	2018-2019
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	\$11,118	\$10,562	\$556
II. Total Operating Expenses	\$0		
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$163		\$163
V. Total Other Expenses			
Budget Grand Total	\$11,281	\$10,562	\$719

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$3,000	\$2,640	\$360
Federal Funds (Title XIX)	\$8,281	\$7,922	\$359
Budget Grand Total	\$11,281	\$10,562	\$719


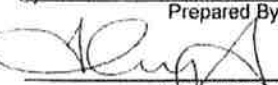
	Kimberly Bunn	10/15/2018	760.932.5587	kbunn@mono.ca.gov
Prepared By (Sign & Print Name)	Date Prepared	Phone Number	Email Address	

	Shelby Stockdale, PHN	10/15/2018	760.924.1841	sstockdale@mono.ca.gov
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address	

**Health Care Program for Children in Foster Care
Base
State/Federal Match
Budget Worksheet**

County/City Name: Mono County Fiscal Year: 2018-2019

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses (Name & Title)							
1. Shelby Stockdale, PHN	9%	\$84,611	\$7,615	95%	\$7,234	5%	\$381
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
11.			\$0		\$0	100%	\$0
12.			\$0		\$0	100%	\$0
13.			\$0		\$0	100%	\$0
14.			\$0		\$0	100%	\$0
15.			\$0		\$0	100%	\$0
16.			\$0		\$0	100%	\$0
17.			\$0		\$0	100%	\$0
18.			\$0		\$0	100%	\$0
19.			\$0		\$0	100%	\$0
20.			\$0		\$0	100%	\$0
Total Salaries and Wages	9%		\$7,615	95%	\$7,234	5%	\$381
Less Salary Savings							
Net Salaries and Wages			\$7,615		\$7,234		\$381
Staff Benefits (Specify %)	46%		\$3,503		\$3,328		\$175
I. Total Personnel Expenses			\$11,118		\$10,562		\$556
II. Operating Expenses							
1. Travel	\$0		\$0		\$0		\$0
2. Training	\$0		\$0		\$0		\$0
II. Total Operating Expenses			\$0		\$0		\$0
III. Capital Expenses							
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	1%		\$163				\$163
2. External							
IV. Total Indirect Expenses			\$163				\$163
V. Other Expenses							
V. Total Other Expenses							
Budget Grand Total			\$11,281		\$10,562		\$719

	Kimberly Bunn	10/15/2018	760.932.5587	kbunn@mono.ca.gov
Prepared By (Sign & Print Name)	Date Prepared	Phone Number	Email Address	
	Shelby Stockdale, PHN	10/15/2018	760.924.1841	sstockdale@mono.ca.gov
CHDP Director or Deputy Director (Sign & Print Name)	Date	Phone Number	Email Address	

**CMS - Health Care Program for Children in Foster Care
Budget Justification Narrative
Mono County
Fiscal Year 2018-2019**

Personnel Expenses

Total Salaries	\$	8,461.00
Total Benefits	\$	3,892.00
Total Personnel Expenses	\$	<u>12,353.00</u>

Health Program Manager / PHN One Public Health Nurse at a .10 FTE is dedicated to performing all essential duties to manage the HCPCFC Program.

Operating Expenses

Travel	\$	-	No travel is planned for FY 2018-19
Training	\$	-	No training is planned for FY 2018-19
Total Operating Expenses	\$	<u>-</u>	

Indirect Expenses

			Indirect costs were budgeted to capture the excess State and Federal XIX allocation after budgeted personnel. Indirect costs are greater than the percentage budgeted, all excess indirect costs incurred are contributed to the program as in-kind.
Internal	\$	367.00	
External	\$	-	
	\$	<u>367.00</u>	

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	8	11.59%
OTLJCP - Total Cases of Open (Active) OTLJCP Children	19	27.54%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLJCP) Children	42	60.87%
TOTAL CCS CASELOAD	69	100%

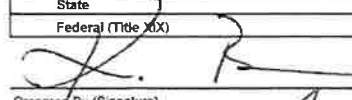
CCS Administrative Baseline Budget Summary

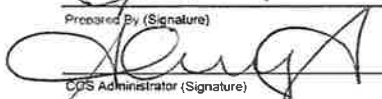
Fiscal Year: 2018-19

County: Mono

Column	Col 1 = Col 2+3+4	Straight CCS	OTLJCP	Medi-Cal (non-OTLJCP) (Column 4 = Columns 5 + 6)		
	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLJCP) County/State/Fed (6/6/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	183,463	21,271	50,519	111,672	44,791	66,881
II. Total Operating Expense	4,898	567	1,349	2,981	531	2,450
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	45,866	5,318	12,630	27,918		27,918
V. Total Other Expense	5,000	580	1,377	3,043		3,043
Budget Grand Total	239,227	27,736	65,875	145,614	45,322	100,292

Column	Col 1 = Col 2+3+4	Straight CCS	OTLJCP	Medi-Cal (non-OTLJCP) (Column 4 = Columns 5 + 6)		
	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLJCP) County/State/Fed (6/6/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	13,868	13,868				
County	13,868	13,868				
OTLJCP						
State	5,270		5,270			
County	5,270		5,270			
Federal (Title XXI)	55,335		55,335			
Medi-Cal						
State	61,477			61,477	11,331	50,146
Federal (Title XXI)	84,137			84,137	33,991	50,146

Prepared By (Signature)  Prepared By (Printed Name) Kimberly Bunn Email Address kbunn@mono.ca.gov

CCS Administrator (Signature)  CCS Administrator (Printed Name) Shelby Stockdale Email Address sstockdale@mono.ca.gov

CCS CASELOAD	Actual Caseload	Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	6	11.59%
OTLICP -		
Total Cases of Open (Active) OTLICP Children	19	27.54%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	42	60.87%
TOTAL CCS CASELOAD	69	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19

County: Mono

Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 8)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6/6/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense													
Program Administration													
1 Kimberly Bunn, Fiscal & Administrative Officer	2.00%	82,424	1,648	11.59%	191	27.54%	454	60.87%	1,003			100.00%	1,003
2 Sandra Pearce, Public Health Director	2.50%	121,194	3,030	11.59%	351	27.54%	834	60.87%	1,844			100.00%	1,844
3 Shelby Stockdale, Health Program Manager/PHN	10.00%	84,611	8,461	11.59%	981	27.54%	2,330	60.87%	5,150			100.00%	5,150
4 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
Subtotal		288,229	13,139		1,523		3,618		7,997				7,997
Medical Case Management													
1 Shelby Stockdale, Health Program Manager/PHN	32.00%	84,611	27,076	11.59%	3,139	27.54%	7,456	60.87%	16,481	77.00%	12,690	23.00%	3,791
2 VACANT, Health Program Manager/PHN	40.00%	66,847	34,739	11.59%	4,028	27.54%	9,566	60.87%	21,145	75.00%	15,859	25.00%	5,286
3 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
6 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
7 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
8 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
Subtotal		171,458	61,815		7,167		17,022		37,626		28,549		9,077
Other Health Care Professionals													
1 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
2 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
1 Olivia Wilson, Community Health Outreach Specialist	75.00%	55,976	41,982	11.59%	4,867	27.54%	11,560	60.87%	25,554			100.00%	25,554
2 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
3 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
Subtotal		55,976	41,982		4,867		11,560		25,554				25,554
Clerical and Claims Support													
1 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
2 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	11.59%	0	27.54%	0	60.87%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Total Salaries and Wages			116,936	11.59%	13,558	27.54%	32,200	60.87%	71,177	40.11%	28,549	58.89%	42,628
Staff Benefits (Specify %)	56.89%		66,527	11.59%	7,713	27.54%	18,319	60.87%	40,495		16,242		24,253
I. Total Personnel Expense			183,463	11.59%	21,271	27.54%	50,519	60.87%	111,672		44,791		66,881

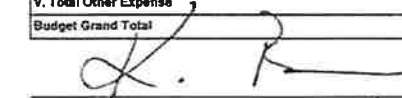
CCS CASELOAD	Actual Caseload	Total CCS Caseload
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Total Cases of Open (Active) Straight CCS Children	8	11.59%
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Total Cases of Open (Active) OTLICP Children	19	27.54%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children		
	42	60.87%
TOTAL CCS CASELOAD	69	100%

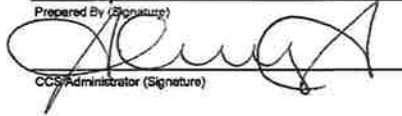
CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19

County: Mono

Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (\$0/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6/6/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
II. Operating Expense													
1. Travel			2,100	11.59%	243	27.54%	578	60.87%	1,278	40.11%	513	59.89%	785
2. Training			75	11.59%	9	27.54%	21	60.87%	46	40.11%	18	59.89%	28
3. Communications			1,090	11.59%	128	27.54%	300	60.87%	663			100.00%	663
4. Postage, duplication, and office supplies			1,633	11.59%	189	27.54%	450	60.87%	894			100.00%	894
5				11.59%	0	27.54%	0	60.87%	0			100.00%	0
6				11.59%	0	27.54%	0	60.87%	0			100.00%	0
7				11.59%	0	27.54%	0	60.87%	0			100.00%	0
II. Total Operating Expense			4,898		567		1,349		2,981		531		2,450
III. Capital Expense													
1.				11.59%	0	27.54%	0	60.87%	0				0
2.				11.59%	0	27.54%	0	60.87%	0				0
3.				11.59%	0	27.54%	0	60.87%	0				0
III. Total Capital Expense			0		0		0		0		0		0
IV. Indirect Expense													
1. Internal	25.00%		45,866	11.59%	5,318	27.54%	12,630	60.87%	27,918			100.00%	27,918
2. External	0.00%		0	11.59%	0	27.54%	0	60.87%	0			100.00%	0
IV. Total Indirect Expense			45,866		5,318		12,630		27,918				27,918
V. Other Expense													
1. Maintenance & Transportation			5,000	11.59%	580	27.54%	1,377	60.87%	3,043			100.00%	3,043
2.				11.59%	0	27.54%	0	60.87%	0			100.00%	0
3.				11.59%	0	27.54%	0	60.87%	0			100.00%	0
4.				11.59%	0	27.54%	0	60.87%	0			100.00%	0
5.				11.59%	0	27.54%	0	60.87%	0			100.00%	0
V. Total Other Expense			5,000		580		1,377		3,043				3,043
Budget Grand Total			238,227		27,736		65,875		145,614		45,322		100,292


 Prepared By (Signature)


 CCS Administrator (Signature)

Kimberly Bunn
 Prepared By (Printed Name)

4/20/2018
 Date Prepared

760.932.5587
 Phone Number

Shelby Stockdale
 CCS Administrator (Printed Name)

Date Signed

Phone Number



OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

Departments: CAO

TIME REQUIRED 10 minutes

PERSONS Leslie Chapman

SUBJECT Letter to the California Public Utility
Commission regarding Phone
Service in Benton

**APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Letter to California Public Utilities Commission regarding telephone service in Benton.

RECOMMENDED ACTION:

Approve letter as presented or amended.

FISCAL IMPACT:

None.

CONTACT NAME: Leslie Chapman

PHONE/EMAIL: 760-937-7958 / lchapman@mono.ca.gov

SEND COPIES TO:

CPUC

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

Click to download

[Letter to the CPUC](#)

History

Time	Who	Approval
11/15/2018 3:37 PM	County Administrative Office	Yes
11/15/2018 4:10 PM	County Counsel	Yes
11/15/2018 4:30 PM	Finance	Yes



County of Mono

County Administrative Office

Dave Butters
Human Resources Director

Leslie L. Chapman
County Administrative Officer

Jay Sloane
Risk Manager

November 20, 2018

<Insert recipients here>

Dear President Picker and Board of Commissioners,

Mono County needs your help to resolve issues and mitigate risk associated with poor and frequently non-functioning phone service in Mono County's Hammil Valley. The poor quality and inconsistency of phone service in an area that has unreliable cell phone service and no high-speed internet is creating undue risk to the citizens who are mostly elderly people. The County Supervisor for the area, Fred Stump, has received numerous complaints and followed up many times with the provider, Frontier Communications, to no avail, so we are asking for CPUC intervention.

Hammil Valley is a rural community, but not isolated. It is located on U.S. Highway 6 that runs from California to Massachusetts. The backbone of Digital 395, an open access broadband network system, runs through the community, but there is no last mile connection, so internet service is sketchy at best. This community is listed as a disadvantaged community with a population that is largely senior citizens. With the lack of dependable cell and internet service, it is critical that residents have reliable land line service. In the last two years, there have been two reported deaths where the person finding the deceased was unable to call 911 because the phones were not working. Most recently, phone service went down on a Tuesday night and service was not restored until Friday leaving citizens with no access to emergency services. Unfortunately, these examples are not infrequent or isolated incidences.

This is not a new problem. It started many years ago with Verizon and continues today. Supervisor Stump has made many contacts with both Frontier Communications and the CPUC to try to affect resolution of the problem. He has submitted complaints to Tressa Bader, Steven Crosby and Charles Born from Frontier, with the net result being that Frontier pays some attention to individual issues but does not move to solve the root of the problem which is system age and obsolescence. Additionally, he personally met with CPUC Business and Community Outreach representative, Cody Naylor and has discussed the issue with Cindy Nelson, Karen Eckersley and Stephanie Green who have all been empathetic, but lack the ability to change the situation. CPUC representatives have also expressed a lack of citizens reporting problems with the system which is not completely accurate, but may have some merit since much the elderly population is not adept at using the internet for making complaints and there is no cell phone reception in the area.

Again, this is a community with many elderly people lacking financial resources, very limited cell phone coverage and most do not own or operate computers. When the landline system fails, there is no access to the 911 system and no redundancy in case of an emergency.

Mono County respectfully requests your assistance in forcing Frontier Communication to resolve this problem and protect the citizens in its service area.

Sincerely,

Fred Stump, Supervisor, District 2



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

TIME REQUIRED

SUBJECT Closed Session--Human Resources

**PERSONS
APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LABOR NEGOTIATORS. Government Code Section 54957.6. Agency designated representative(s): Stacey Simon, Leslie Chapman, Dave Butters, Janet Dutcher, and Anne Larsen. Employee Organization(s): Mono County Sheriff's Officers Association (aka Deputy Sheriff's Association), Local 39--majority representative of Mono County Public Employees (MCPE) and Deputy Probation Officers Unit (DPOU), Mono County Paramedic Rescue Association (PARA), Mono County Public Safety Officers Association (PSO), and Mono County Sheriff Department's Management Association (SO Mgmt). Unrepresented employees: All.

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME:

PHONE/EMAIL: /

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

<p>Click to download</p> <p>No Attachments Available</p>
--

History

Time

Who

Approval



OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

TIME REQUIRED

SUBJECT Performance Evaluation - County
Administrative Officer

**PERSONS
APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION. Government Code section 54957. Title: County Administrative Officer.

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME:

PHONE/EMAIL: /

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

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No Attachments Available

History

Time	Who	Approval
11/13/2018 5:42 AM	County Administrative Office	Yes
11/14/2018 3:36 PM	County Counsel	Yes
10/29/2018 9:54 AM	Finance	Yes



OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS

REGULAR AGENDA REQUEST

Print

MEETING DATE November 20, 2018

TIME REQUIRED

SUBJECT Closed Session - Existing Litigation

**PERSONS
APPEARING
BEFORE THE
BOARD**

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: *County of Mono v. Los Angeles Department of Water and Power et al.* (Alameda Superior Court Case No. RG18923377).

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME:

PHONE/EMAIL: /

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

[Click to download](#)

No Attachments Available

History

Time	Who	Approval
11/15/2018 5:35 AM	County Administrative Office	Yes
11/14/2018 3:35 PM	County Counsel	Yes
11/13/2018 11:12 AM	Finance	Yes