

# **Youth Programs and Facilities Grant Program (YPFG)**

## **Part B All County Distribution Application Package Coversheet**

**Submitted by:**

Riverside County Probation

**Date Submitted:**

May 12, 2021

## Part B All County Distribution Application Checklist

A complete application package for funding under the Youth Programs and Facilities Grant (YPFG) Program must contain the following items:

	Required Items:	✓
1	Cover Sheet (previous page) <ul style="list-style-type: none"> <li>Insert Applicant Name and Date of Submission</li> </ul>	<input checked="" type="checkbox"/>
2	YPFG Proposal Checklist <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b>OR</b> a wet signature in blue ink.</li> </ul>	<input checked="" type="checkbox"/>
3	Applicant Information Form <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b>OR</b> a wet signature in blue ink.</li> </ul>	<input checked="" type="checkbox"/>
4	Application Narrative <ul style="list-style-type: none"> <li>2 pages or fewer</li> </ul>	<input checked="" type="checkbox"/>
5	Budget Attachment	<input checked="" type="checkbox"/>
6	Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix D) <ul style="list-style-type: none"> <li>Signed by the authorized signatory with a digital signature <b>OR</b> a wet signature in blue ink.</li> </ul>	<input checked="" type="checkbox"/>
	<b>Optional:</b>	
7	Governing Board Resolution (Appendix E) <i>Note: The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.</i>	<input type="checkbox"/>

**I have reviewed this checklist and verified that all required items are included in this proposal packet.**

X DocuSigned by:  
  
76388990C128A462  
 Applicant Authorized Signature (see Applicant Information Form, Part L, next page)

## **Part B All County Distribution Application Information Form: Instructions**

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- A. Applicant:** Complete the required information for the local government submitting the application ( i.e. <NAME> County).
- B. Tax Identification Number:** Provide the tax identification number of the Applicant.
- C. Project Title:** Provide the title of the project.
- D. Project Summary:** Provide a summary (100-150 words) of the project. Note: this information will be posted to the BSCC's website for informational purposes.
- E. Grant Funds Requested:** Provide dollar amount of grant funds requested.
- F. Deferred Spending:** Indicate whether the county is electing to use the deferred spending option. This would defer payment until a modified application with more complete information is submitted no later than six months from the award date.
- G. Lead Public Agency (LPA):** Indicate which local public agency will be the Lead for the YPFG Program. The county probation department can be the LPA.
- H. Project Director:** Provide the name, title and contact information for the individual responsible for oversight and management of the project. This person must be an employee of the Grantee.
- I. Financial Officer:** Provide the name, title and contact information for the individual responsible for fiscal oversight and management of the project. Typically, this is the individual that will certify and submit invoices. This person must be an employee of the Grantee.
- J. Day-to-Day Project Contact:** Provide the name, title and contact information for the individual who serves as the primary contact person for the grant. Typically, this individual has day-to-day oversight for the project. This person must be an employee of the Grantee.
- K. Day-to-Day Fiscal Contact:** Provide the name, title and contact information for the individual who serves as the primary contact person for fiscal matters related to the grant. This may be the individual who prepares the invoices for approval by the Financial Officer. This person must be an employee of the Grantee.
- L. Authorized Signature:** Complete the required information for the person authorized to sign for the Applicant. This individual must read the assurances under this section, then sign and date in the appropriate fields.

## Part B All County Distribution Applicant Information Form


A. APPLICANT Riverside County		B. TAX IDENTIFICATION NUMBER			
NAME OF APPLICANT Riverside County Probation		TAX IDENTIFICATION #: 95-6000930			
STREET ADDRESS 3960 Orange Street, Suite 600		CITY Riverside	STATE CA	ZIP CODE 92501	
MAILING ADDRESS (if different) PO BOX 833		CITY Riverside	STATE CA	ZIP CODE 92502	
<b>C. PROJECT TITLE:</b>		Pathways To Success			
<b>D. PROJECT SUMMARY (100-150 words):</b>					
Riverside County Probation (RCP) believes the development of trauma-informed screenings, assessments, and care through staff training, will assist in avoiding the re-traumatization of youth. Through proper training, staff will be able to recognize the signs and symptoms of trauma and know how to create a safe space for the youth in our care. They will also be better equipped to assist youth and their families as the youth transition back into their communities. RCP will partner with BAYSHINE Consulting, an agency dedicated to researched and evidence-based practices, to provide program development, staff development, and targeted trainings to institute the principals of trauma informed care.					
<b>E. GRANT FUNDS REQUESTED: (See Appendix F: County Juvenile Population Index)</b>					
<b>\$154,500</b>					
<b>F. DEFERRED SPENDING: Is the application for a deferred spending award?</b>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>G. LEAD PUBLIC AGENCY:</b>		Riverside County Probation			
<b>H. PROJECT DIRECTOR:</b>					
NAME Elisa Porras		TITLE Probation Division Director		TELEPHONE NUMBER 760-393-3437	
STREET ADDRESS 47665 Oasis Street			FAX NUMBER		
CITY Indio	STATE CA	ZIP CODE 92201	EMAIL ADDRESS EPorras@rivco.org		
<b>I. FINANCIAL OFFICER:</b>					
NAME Jessica Holstien		TITLE Administrative Services Manager III		TELEPHONE NUMBER 951-955-3391	
STREET ADDRESS 3960 Orange Street, Suite 600			FAX NUMBER		
CITY Riverside	STATE CA	ZIP CODE 92501	EMAIL ADDRESS JHolstien@rivco.org		
PAYMENT MAILING ADDRESS (if different) PO BOX 833		CITY Riverside	STATE CA	ZIP CODE 92502	
<b>J. DAY-TO-DAY PROGRAM CONTACT:</b>					
NAME Kathleen Arias		TITLE Supervising Probation Officer		TELEPHONE NUMBER 951-358-4325	
STREET ADDRESS 989 County Farm Road			FAX NUMBER		
CITY Riverside	STATE CA	ZIP CODE 92503	EMAIL ADDRESS KArias@rivco.org		

**K. DAY-TO-DAY FISCAL CONTACT:**

NAME	TITLE	TELEPHONE NUMBER	
Viola Becker	Principal Accountant	951-955-4694	
STREET ADDRESS		FAX NUMBER	
3960 Orange Street, Suite 600			
CITY	STATE	ZIP CODE	EMAIL ADDRESS
Riverside	CA	92502	VBecker@rivco.org

**L. AUTHORIZED SIGNATURE**

By signing this application, I hereby certify that I am vested by the Applicant with the authority to enter into contract with the BSCC, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.

NAME OF AUTHORIZED OFFICER	TITLE	TELEPHONE NUMBER	EMAIL ADDRESS
Ron Miller	Chief Probation Officer	951-955-2815	RoMiller@rivco.org
STREET ADDRESS	CITY	STATE	ZIP CODE
3960 Orange Street, Suite 600	Riverside	CA	92501
EMAIL ADDRESS RoMiller@rivco.org			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.)			DATE
X  7639896C726A462			5/12/21

\*Authorized Signature: Must be a representative with the authority to sign documents and obligate the applicant\*

**CONFIDENTIALITY NOTICE**

All documents submitted as a part of the Youth Programs and Facilities Grant (YPFG) Program are public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC, as a state agency, may have to disclose these documents to the public. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal. (Gov. Code, §§ 6250 et seq.)

## **Section 1 Project Need**

1.1 Adverse Childhood Experiences (ACE) are prevalent among youth involved in the juvenile justice system. ACE has been identified as the traumatic experiences in childhood and teenage years that put youth at risk for violence, chronic health problems, mental illness and substance abuse in adulthood. According to a recent study conducted by the Office of Juvenile Justice and Delinquency Prevention and the University of Florida, 97% of the 64,329 juvenile offenders that were surveyed reported at least one ACE. Research tells us that ACE can have long-lasting negative effects on health and well-being but can be preventable if addressed in a caring and compassionate manner.

Based on the data, it is critical Riverside County Probation Department's (RCP) policies and operational practices be conducted through a trauma-informed lens. Staff who have contact with the realigned population need to recognize the widespread impact of trauma and understand the potential paths for recovery. Through proper training, staff will be able to identify the signs and symptoms of trauma and know how to create a safe space for the youth in our care. They will also be better equipped to assist youth and their families as the youth transition back into their communities.

RCP believes the development of trauma-informed screenings, assessments, and care through training, will assist in avoiding the re-traumatization of youth. Demographic information received from the youth detained at the Division of Juvenile Justice has been evaluated. It is anticipated that the training, coaching and auditing being proposed will greatly benefit both male and female youth, ranging in age from 14-25 with diverse ethnic backgrounds, who have identified needs related to substance abuse, education, anger management, and mental health. Moreover, these youth have committed 707 (b) WIC offenses with the majority having an element of violence.

1.2 RCP plans to dedicate 1-unit within a facility to serve approximately 20-25 youth. We are prepared to work with the youth for the base term ordered by the court. RCP's commitment to the youth is to address behaviors through a trauma-informed approach, ultimately moving them to a lesser restrictive option culminating with a seamless transition back to the community. The integrated knowledge about trauma will allow the youth to be approached with nonjudgmental support as they learn to cope with their adversities and thereby allowing safety and trust to be established. The goal is to promote youth-

centered, evidence-based care to anticipate youth's emotional responses and avoid re-traumatization. The youth will be empowered through education and be taught skills they can utilize daily to recognize how stress appears, provide strategies to regulate it, and buffer the negative impacts of toxic stress.

RCP plans to partner with BAYSHINE Consulting, an agency dedicated to researched-backed, evidence-based, and derived best practices for a human-centered/trauma-responsive approach to delivering care for the probation youth population. This is provided by program development, staff development, targeted trainings, and evaluation. The work will be targeted training for the staff to include pre-education, experiential practice, post training debriefing and hands on program development. Once the staff understand the process, they will be observed to ensure they are adhering to the principals of trauma informed care.

This strategy design was delivered to the Alameda County Probation Department's Camp Wilmont Sweeney. This youth population receives post-adjudication programming and resembles a target population like the one that RCP will serve. The strategy utilizes a holistic, cognitive, individualized approach that is backed by research and draws from the knowledge gained from agencies that interact with the justice system (e.g., probation, social service, schools, behavioral health, TAY pillars of care, CBOs). Guiding principles and approaches include integration of knowledge, social and emotional learning competencies, restorative practices, and community building.

Training staff trainers from the onset increases staff acquisition of knowledge, application of knowledge, and total return of investment. Staff are empowered in their approach and are given tools to mitigate identified concerns and address them immediately. RCP will identify appropriate outcome measures beyond recidivism factors that incorporate data points from other youth-service agencies and measures youth's independent living skills, cognitive change, and overall wellness.

## **Section 2 Project Description**

2.1 RCP's secure treatment program will be located at the Alan M. Crogan Youth Treatment and Education Center campus. This is a secured facility that opened in 2017; therefore, no infrastructure changes are needed at this time.

2.2 Infrastructure improvements are not being sought at this time.

**Senate Bill 823 Request for Applications**  
**Budget Table**  
**April 1, 2021**

Applicant:	Riverside County Probation		
LINE ITEMS	SB 823 BUDGET		
	STATE REIMBURSED	CASH CONTRIBUTION	TOTAL
1. Construction	\$ -		\$ -
2. Architectural	\$ -		\$ -
3. Fixed Furnishings/Equipment	\$ -		\$ -
4. Moveable Furnishings/Equipment	\$ -		\$ -
5. Construction Management	\$ -		\$ -
6. Transportation/Equipment	\$ -		\$ -
7. Training Materials/Supplies	\$ 75,670.00		\$ 75,670.00
8. Progaming Materials/Supplies	\$ 40,565.00		\$ 40,565.00
9. Other One-Time Personnel Costs (planning, development, and project management) (Not to Exceed 25% of total budget)	\$ 38,265.00		\$ 38,265.00
10. Other			\$ -
<b>Total Project Costs</b>	<b>\$ 154,500.00</b>	<b>\$ -</b>	<b>\$ 154,500.00</b>
<b>Percentage of Total</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>

Provide an explanation below of how the dollar figures were determined for each of the budget categories above that contain dollar amounts. Every cash contribution line item shall be included with a reporting of the full amount budgeted unless a line item is not an actual cash contribution project cost for the county. (In that case, indicate so below.) For each budget category explanation below, include how state funding and the county contribution dollar amounts have been determined and calculated (be specific).



**Senate Bill 823 Request for Applications**  
**Budget Table**  
**April 1, 2021**

LINE ITEMS	COMMENTS
1. Construction	N/A
2. Architectural	N/A
3. Fixed Furnishings/Equipment	N/A
4. Moveable Furnishings/Equipment	N/A
5. Construction Management	N/A
6. Transportation Equipment	N/A
7. Training Materials/Supplies	Staff will be provided the following for training: Printing for training instructions, workshop templates and relevant documents - \$25,610 Printing & Binding materials for staff-development programs/curriculum - \$33,660 Misc printing & Materials (staff guides, surveys, workshop templates) - \$16,400

**Senate Bill 823 Request for Applications**  
**Budget Table**  
**April 1, 2021**

8. Programing Materials/Supplies	<p>Training Enhancement: \$9,000</p> <ul style="list-style-type: none"> <li>-Subscription to online learning portals for staff and/or youth</li> <li>-Therapeutic workbooks and guidebooks</li> </ul> <p>Life Skills/Independent Living Supplies: \$25,850</p> <ul style="list-style-type: none"> <li>-Cooking equipment</li> <li>-Appliances: Washing Machine, Dryer, Stove, etc.</li> <li>-Computer, tablet, etc.</li> </ul> <p>Project Items: \$4,440</p> <ul style="list-style-type: none"> <li>-Garden planters, wood, soil, plants</li> <li>-Misc. arts and craft supplies, project boards, materials for self-expression</li> <li>-Musical instruments, African drums, meditation drums/bells, etc.</li> </ul> <p>Games: \$1,275</p> <ul style="list-style-type: none"> <li>-Cooperative Games: Pandemic, Escape Room, Flashpoint, etc.</li> <li>-STEAM/STEM games: Rush Hour, Mastermind, Laser Challenge, Set, etc.</li> <li>-Financial Literacy Games: <a href="https://sense2cents.org">https://sense2cents.org</a>, Payday Board Game</li> <li>-Therapy Games: You Know Social Skills Game, 52 Essentials (Conversation, Coping Skills, Relationships), mindfulness games, CBT games, etc.</li> <li>-Misc. Games: Apples to Apples, Catchphrase, Uno, Connect 4, etc.</li> </ul>
9. Other One-Time Personnel Costs (planning, development, and project management) (Not to Exceed 25% of total budget)	<p>Division Director (DD) and Supervising Probation Officer (SPO) are assigned to program development.</p> <p>Based on the budget for salaries and benefits for we are charging 10% for 1 FTE DD and 1 FTE SPO. That is 216.56 hours total at fully loaded rate (DD hourly rate \$101.76575 + SPO hourly rate \$74.9318)</p> <p>Fully loaded rate \$176.6975 x 216.56 hrs = \$38,265</p>
10. Other	N/A

## Appendix D: Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement

It is the policy of the BSCC to protect grant funds from unreasonable risks of fraudulent, criminal, or other improper use. As such, the Board will not enter into contracts or provide reimbursement to applicants that have been:

1. debarred by any federal, state, or local government entities during the period of debarment; or
2. convicted of fraud, theft, or embezzlement of federal, state, or local government grant funds for a period of three years following conviction.


Furthermore, the BSCC requires grant recipients to provide an assurance that there has been no applicable debarment, disqualification, suspension, or removal from a federal, state or local grant program on the part of the grantee at the time of application and that the grantee will immediately notify the BSCC should such debarment or conviction occur during the term of the Grant contract.

BSCC also requires that all grant recipients include, as a condition of award to a subgrantee or subcontractor, a requirement that the subgrantee or subcontractor will provide the same assurances to the grant recipient. If a grant recipient wishes to consider a subgrantee or subcontractor that has been debarred or convicted, the grant recipient must submit a written request for exception to the BSCC along with supporting documentation.

By checking the following boxes and signing below, applicant affirms that:

- I/We are not currently debarred by any federal, state, or local entity from applying for or receiving federal, state, or local grant funds.
- I/We have not been convicted of any crime involving theft, fraud, or embezzlement of federal, state, or local grant funds within the last three years. We will notify the BSCC should such debarment or conviction occur during the term of the Grant contract.
- I/We will hold subgrantees and subcontractors to these same requirements.

A grantee may make a request in writing to the Executive Director of the BSCC for an exception to the debarment policy. Any determination made by the Executive Director shall be made in writing.

<b>AUTHORIZED SIGNATURE</b>			
(This document must be signed by the person who is authorized to sign the Grant Agreement.)			
NAME OF AUTHORIZED OFFICER Ron Miller	TITLE Chief Probation Officer	TELEPHONE NUMBER 951-955-2815	
STREET ADDRESS 3960 Orange Street, Suite 600	CITY Riverside	STATE CA	ZIP CODE 92501
EMAIL ADDRESS RoMiller@rivco.org			
AUTHORIZED OFFICER SIGNATURE ((Blue Ink Only or E-signature) 			DATE 5/12/21

## Appendix E: Sample Governing Board Resolution

Before grant funds can be reimbursed, a grantee must either (1) submit a resolution from its Governing Board that delegates authority to the individual authorized to execute the grant agreement or (2) provide sufficient documentation indicating that the prospective grantee has been vested with plenary authority to execute grant agreements (e.g., a City Council or County Board of Supervisors delegating such authority to an Agency head).

Below is assurance language that, **at a minimum**, must be included in the resolution submitted to the Board of State and Community Corrections.

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WHEREAS the **(insert name of Local Government)** desires to participate in the Youth Programs and Facilities Grant Program funded through the California State General Fund and administered by the Board of State and Community Corrections (hereafter referred to as the BSCC).

NOW, THEREFORE, BE IT RESOLVED that the **(insert title of designated official)** be authorized on behalf of the **(insert name of Governing Board)** to submit the grant proposal for this funding and sign the Grant Agreement with the BSCC, including any amendments thereof.

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

BE IT FURTHER RESOLVED that the **(insert name of Local Government)** agrees to abide by the terms and conditions of the Grant Agreement as set forth by the BSCC.

Passed, approved, and adopted by the **(insert name of Governing Board)** in a meeting thereof held on **(insert date)** by the following:

Ayes:  
Notes:  
Absent:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title: \_\_\_\_\_

ATTEST: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name and Title: \_\_\_\_\_