

LOG NUMBERS

BGT.

9/19/18 CEO 20067393

9/21/18

EXECUTIVE/COUNCIL APPROVAL FORM

MANAGEMENT ROUTING:

EXECUTIVE Dave Somers
EXEC. DIR. Susan Neely
DIRECTOR/ELECTED Marilyn J. Finsen
DEPARTMENT Superior Court
DIV. MGR. Marilyn Finsen
DIVISION Superior Court
ORIGINATOR Aaron Perez
DATE 8/1/18 EXT. 7852

TO: COUNCIL CHAIRPERSON: Dave Somers
SNOHOMISH COUNTY COUNCIL

EXECUTIVE RECOMMENDATION:

X Approve No Recommendation
Further Processing
Requested By

ERIC PARKS Deputy Executive 9/21/18
Executive Office Signature
CEO Staff Review Cep 9/21/18
Received at Council Office Rt 2:00 pm 9/21/18

DOCUMENT TYPE:

BUDGET ACTION:
Emergency Appropriation
Supplemental Appropriation
Budget Transfer
CONTRACT:
New
Amendment
GRANT APPLICATION
ORDINANCE
Amendment to Ord. #
PLAN
X OTHER Grant Work plan

DOCUMENT / AGENDA TITLE:

Superior Court 2019 Grant Work Plan

APPROVAL AUTHORITY:

EXECUTIVE COUNCIL X
CITE BASIS SCC 4.26.025

HANDLING: NORMAL X EXPEDITE URGENT DEADLINE DATE

PURPOSE:

Approve the 2019 Grant Work Plan for Superior Court

BACKGROUND:

SCC 4.26.025 provides for the department director to prepare a Grant Work Plan (GWP) to be submitted by the County Executive for inclusion in the supplemental information submitted to the County Council in accordance with SCC 4.26.021. The attached GWP describes each grant that is anticipated by the Superior Court for calendar year 2019. The GWP includes the following information for each grant: department division, fund, program, purpose of grant, grantor, grant term, amount of grant award, amount of matching funds required, source of matching funds, number of required FTEs to perform grant (including an indication if new or project FTEs are required). Also included is the Grant Work Plan Summary for all grants included in the Grants Work Plan.

**FISCAL IMPLICATIONS:**

<b>EXPEND:</b> FUND, AGY, ORG, ACTY, OBJ, AU			
<b>TOTAL</b>		\$0	

<b>REVENUE:</b> FUND, AGY, ORG, REV, SOURCE			
<b>TOTAL</b>		\$0	
<b>DEPARTMENT FISCAL IMPACT NOTES:</b> No fiscal impact			

**BUDGET REVIEW:** Analyst RA Administrator ke Recommend Approval ✓

**CONTRACT INFORMATION:**

JABG \_\_\_\_\_ CONTRACT # \_\_\_\_\_ AMOUNT \_\_\_\_\_  
 MASTER GARDENERS \_\_\_\_\_ CONTRACT # \_\_\_\_\_ AMOUNT \_\_\_\_\_

**CONTRACT PERIOD:**

JABG Start \_\_\_\_\_ End \_\_\_\_\_  
 MASTER GARDENER \_\_\_\_\_

**CONTRACT / PROJECT TITLE:**

Superior Court Grant Work plan

**CONTRACTOR / ADDRESS (City/State):**

**APPROVED:**

RISK MANAGEMENT Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

COMMENTS \_\_\_\_\_

PROSECUTING ATTY - AS TO FORM: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**OTHER DEPARTMENTAL REVIEW / COMMENTS:**

**ELECTRONIC ATTACHMENTS :** (List & include path & filename for each, e.g. G:\ECAF\deptname\docname\_Motion)

- G:\ECAF\Dept#36\_SuperiorCrt#2018\2019\_GWP-Sup-Ct#2019-Grant-Work-Plan-ECAF.docx Council 20067393-ECAF.docx
- G:\ECAF\Dept#36\_SuperiorCrt#2018\2019\_GWP-Sup-Ct#2019-Grant-Work-Plan-Summary-2019.xlsx Council 20067393\_summary.xl
- G:\ECAF\Dept#36\_SuperiorCrt#2018\2019\_GWP-Sup-Ct#2019-Grant-Work-Plan-Motion.docx Council 20067393\_Motion.docx
- G:\ECAF\Dept#36\_SuperiorCrt#2018\2019\_GWP-Sup-Ct#2019-GWP-sheets.pdf Council 20067393-Grant work Plan.pdf

**NON-ELECTRONIC ATTACHMENTS:**

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

MOTION NO. 18-342

APPROVING THE 2019 SUPERIOR COURT GRANT WORK PLAN

WHEREAS, under the provisions of SCC 4.26.025, the Administrator of Superior Court is authorized to prepare an annual grant work plan for approval by the County Council; and

WHEREAS, the Director of Superior Court has prepared and, with the recommendation of the County Executive, has submitted the 2019 Grant Work Plan for Superior Court to the County Council for review and approval; and

WHEREAS, the County Council reviewed the 2019 Grant Work Plan for the Superior Court in conjunction with its consideration of the 2019 budget and has appropriated revenues in the 2018 budget to fund the programs and grants included in the 2019 Grant Work Plan;

NOW, THEREFORE, ON MOTION, Pursuant to SCC 4.26.025, the Snohomish County Council hereby approves the 2019 Grant Work Plan for Superior Court and authorizes the County Executive to approve all grant documents necessary to implement the approved Grant Work Plan as provided in SCC 2.10.010(28).

DATED this \_\_\_\_ day of \_\_\_\_\_, 2018.

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

\_\_\_\_\_  
Council Chair

ATTEST:

\_\_\_\_\_  
Clerk of the Council

## 2019 Grant Work Plan Summary

Court: Superior Court  
 Contact: Aaron Perez  
 Extension: 7852

Date Submitted: 8/1/2018

					<i>This portion to be completed after contract execution and submitted to Council on an annual basis.</i>					
Grantor	Program	Grant Amount	Match	Total Resources	Grant Amount	Match	Total Resources	Date Executed	Effective Date	Term Date
Department of Social and Health Services - Rehabilitation Administration	Consolidated Juvenile Services for FY 2019	\$1,412,035		\$1,412,035						
Office of Superintendent of Instruction - Student Breakfast/Lunch	Dentention/Y.E.S.	\$33,260		\$33,260						
Department of Social and Health Services - Office of Juvenile Justice	Juvenile Detention Alternatives Initiative for FY 2019	\$24,500	\$0	\$24,500						
Administrative Office of the Courts	Family and Juvenile Court Integration Program (FJCIP) for FY 2019	\$93,946		\$93,946						
Administrative Office of the Court	Court Appointed Special Advocate - Volunteer Guardian Ad Litem for FY 2019	\$210,267		\$210,267						
Department of Social and Health Services - Rehabilitation Administration (RA)	CJAA Evidence Based Expansion for FY 2019	\$254,665		\$254,665						
Department of Social and Health Services - Rehabilitation Administration (RA)	Community Juvenile Accountability Act (CJAA) Consultant for FY 2019	\$24,172		\$24,172						
Department of Social and Health Services - Rehabilitation Administration (RA)	CJAA Quality Assurance Coordinator for FY 2019	\$133,133		\$133,133						
Interpreter Services	Superior Court	\$43,121		\$43,121						
Title 4D	Juvenile Admin	\$151,892		\$151,892						
	Total	\$2,380,991	\$0	\$2,380,991	\$0	\$0	\$0			

\*Note: Total Grant Amount includes multi-year grants. As a result, the Grant Work Plan total varies from the 2019 Proposed Budget

## 2019 Grant Work Plan

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Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 50936731(10-80)

**Purpose of Grant:** Consolidated Juvenile Services. This is a Probation Services Grant for a variety of programs and disposition alternatives including Non categorized, Risk Assessment, Chemical Dependency Mental Health (CDMHDA) and Sex Offender (SSODA) disposition alternatives, Community Juvenile Accountability Alternative (CJAA) programs and Juvenile Justice Reform dollars.

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: Department of Social and Health Services (Rehab Admin)      Grant Award **\$1,412,035**

Is match required:  Yes     No      If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b>	<b>\$1,412,035</b>
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### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$1,412,035

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
_____	_____

Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b>	<b>\$1,412,035</b>
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# 2019 Grant Work Plan

Department: Superior Court/Juvenile Fund: 002 Program: 3367306 1050/1051

**Purpose of Grant** Reimbursement of costs associated with providing meals for juvenile inmates as well as Y.E.S. students.

Existing/ongoing program  Yes New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 1/1/18 to 12/31/18

Grantor: State and Federal

Grant Award **\$33,260**

Is match required:  Yes  No If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

**Total Resources \$33,260**

## EXPENDITURES

1. **Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$ \$33,260

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs Classification

\_\_\_\_\_  
\_\_\_\_\_

Total FTEs \_\_\_\_\_

2. **Pass Thru** (Estimated cost) \$ \_\_\_\_\_

**Total Expenditures \$33,260**

## 2019 Grant Work Plan

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Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 353740

**Purpose of Grant:** Juvenile Detention Alternative Initiative (JDAI). To address the efficiency and effectiveness of our juvenile detention facility by following the national principles to reduce incarceration rates and disproportionality of juvenile offenders in secure facilities.

Existing/ongoing program  Yes      New program  Yes

Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: DSHS – Office of Juvenile Justice

Grant Award **\$24,500**

Is match required:  Yes  No      If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

<b>Total Resources</b> <b>\$24,500</b>
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### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$24,500

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
_____	_____
_____	_____

Total FTEs    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$24,500</b>
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## 2019 Grant Work Plan

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Department: #36 Superior Court – Superior Court Operations Fund: 130 Program: 54036746

**Purpose of Grant:** Family Juvenile Court Improvement Plan. Snohomish County receives funding to operate a program that works to consolidate and coordinate dependency court proceedings so as to both consolidate processes and minimize the time that it takes for proceedings to occur. **NOTE:** It is anticipated that this funding source may be greatly reduced for the second half of 2018 so there is a priority package being submitted requesting general revenues in the event that this funding is reduced or lost.

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: Administrative Office of the Courts

Grant Award **\$93,946**

Is match required:  Yes  No      If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$93,946</b>
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### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$93,946

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$93,946</b>
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## 2019 Grant Work Plan

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Department: #36-Superior Court – Juvenile Court Operations Fund: 130 Program: 5153674510

**Purpose of Grant:** Court Appointed Special Advocate

Existing/ongoing program  Yes      New program  Yes

Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: Administrative Office of the Courts

Grant Award **\$210,267**

Is match required:  Yes  No      If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

<b>Total Resources</b> <b>\$210,267</b>
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### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$210,267

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
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_____	_____
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Total FTEs      \_\_\_\_\_

**2. Pass Thru** (Estimated cost)      \$\_\_\_\_\_

<b>Total Expenditures</b> <b>\$210,267</b>
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# 2019 Grant Work Plan

Department: #36 Superior Court/Juvenile Court Operations Fund: 130 Program: 5093673350

**Purpose of Grant:** Community Juvenile Accountability Act Block Grant Evidence Based Expansion. This is an expansion of the Consolidated Juvenile Services Grant that already exists. These additional dollars provide for more evidence based programming such as Functional Family Therapy and Coordination of Services through the Community Juvenile Accountability Act (CJAA).

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: Department of Social and Health Services (Rehab Admin)      Grant Award **\$254,665**

Is match required:  Yes     No      If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$254,665</b>
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## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$254,665

Who will complete the work? Existing FTE(s)    Existing project FTE(s) x    New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
_____	_____

Total FTEs    \_\_\_\_\_

**2. Pass Thru** (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$254,665</b>
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## 2019 Grant Work Plan

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Department: #36-Superior Court-Juvenile Court Operations Fund: 130 Program: 5093673155

**Purpose of Grant:** Community Juvenile Accountability Act (CJAA) Block Grant Quality Assurance Consultant. Juvenile Rehabilitation pays for a Snohomish County Staff member to work with the state wide Quality Assurance Coordinator on a very part time basis to help train and assess Aggression Replacement Training instructors around the state.

Existing/ongoing program  Yes    New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: Administrative Office of the Courts

Grant Award **\$24,172**

Is match required:  Yes  No    If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$24,172</b>
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### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$24,172

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

**2. Pass Thru** (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$24,172</b>
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## 2019 Grant Work Plan

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Department: #36-Superior Court – Juvenile Court Operations Fund: 130 Program: 5093673155

**Purpose of Grant:** Community Juvenile Accountability Act (CJAA) Statewide Quality Assurance Coordinator. Juvenile Rehabilitation pays for a Snohomish County Staff member to provide quality assurance for the Statewide Aggression Replacement Training Program.

Existing/ongoing program  Yes      New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/2018 to 6/30/2019

Grantor: DSHS – Rehab Administration

Grant Award **\$133,133**

Is match required:  Yes  No      If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b>\$133,133</b>
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### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      \$133,133

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

**2. Pass Thru** (Estimated cost)      \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$133,133</b>
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# 2019 Grant Work Plan

Department: Superior Court/Admin Fund: 002 Program: 336750 0121

**Purpose of Grant** Partial reimbursement of interpreter costs.

Existing/ongoing program  Yes New program  Yes

Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/18 to 6/30/19

Grantor: State

Grant Award **\$43,121**

Is match required:  Yes  No If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ DAC \_\_\_\_\_ Amount \_\_\_\_\_

**Total Resources \$43,121**

## EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost) \$\_\_43,121

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs Classification

\_\_\_\_\_

\_\_\_\_\_

Total FTEs \_\_\_\_\_

**2. Pass Thru** (Estimated cost) \$\_\_\_\_\_

**Total Expenditures \$43,121**

# 2019 Grant Work Plan

Department: Superior Court/Juvenile Fund: 002 Program: 336740 0460/3393

**Purpose of Grant** (Brief description of work to be performed)

Existing/ongoing program  Yes New program  Yes  
Source of grant funding: Federal  State  Local  Other

Grant Term: From 7/1/18 to 6/30/19

Grantor: State and Federal

Grant Award **\$151,892**

Is match required:  Yes  No If yes, match amount required: \_\_\_\_\_

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

<b>Total Resources</b> <b><u>\$151,892</u></b>
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## EXPENDITURES

1. **Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)    \$ 151,892

Who will complete the work? Existing FTE(s)  Existing project FTE(s)  New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

# FTEs	Classification
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_____	_____
_____	_____

Total FTEs    \_\_\_\_\_

2. **Pass Thru** (Estimated cost)    \$ \_\_\_\_\_

<b>Total Expenditures</b> <b>\$151,892</b>
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