

Indigent Defense Grant Program

PROPOSAL PACKAGE COVER SHEET

Submitted by:

County of El Dorado Public Defender's Office

Date Submitted:

02/05/2021


Applicant Information Form: Instructions

- A. **Applicant:** Complete the required information for the agency submitting the form (i.e. <NAME> Public Defender's Office).
- 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 proposal. Note: this information will be posted to the BSCC's website for informational purposes.
- E. **Grant Funds Requested:** See Budget Attachment or last page.
- F. **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.
- G. **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.
- H. **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.
- I. **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.
- J. **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.

Applicant Information Form

A. APPLICANT < Name> Public Defender's Office		B. TAX IDENTIFICATION NUMBER	
NAME OF APPLICANT County of El Dorado Public Defender's Office		TAX IDENTIFICATION #: 946000511	
STREET ADDRESS 3976 Durock Road, Suite 104	CITY Shingle Springs	STATE CA	ZIP CODE 95682
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
C. PROJECT TITLE:		Senate Bill 74 Indigent Defense Grant Program	
D. PROJECT SUMMARY (100-150 words):			
A Limited Term Deputy Public Defender and a Limited Term Part-time Social Worker can provide early identification and assessment of clients, evaluating if a client is eligible for any new criminal justice relief and can identify vulnerable clients who need services from County partners and/or community services.			
E. GRANT FUNDS REQUESTED: See Budget Attachment or Last Page			
\$ 347,900.00			
F. PROJECT DIRECTOR:			
NAME Teri Monterosso	TITLE Chief Public Defender	TELEPHONE NUMBER 530-621-6742	
STREET ADDRESS 3976 Durock Road, Suite 104		FAX NUMBER 530-387-2180	
CITY Shingle Springs	STATE CA	ZIP CODE 95682	EMAIL ADDRESS teri.monterosso@edcgov.us
G. FINANCIAL OFFICER:			
NAME Kerri Williams-Horn	TITLE Chief Fiscal Officer	TELEPHONE NUMBER 530-621-5309	
STREET ADDRESS 330 Fair Lane		FAX NUMBER 530-663-8450	
CITY Placerville	STATE CA	ZIP CODE 95667	EMAIL ADDRESS kerri.williams-horn@edcgov.us
PAYMENT MAILING ADDRESS (if different)		CITY	STATE ZIP CODE
H. DAY-TO-DAY PROGRAM CONTACT:			
NAME Timothy R. Pappas	TITLE Assistant Public Defender	TELEPHONE NUMBER 530-621-6443	
STREET ADDRESS 3976 Durock Road, Suite 104		FAX NUMBER 530-387-2180	
CITY Shingle Springs	STATE CA	ZIP CODE 95682	EMAIL ADDRESS timothy.pappas@edcgov.us

I. DAY-TO-DAY FISCAL CONTACT:			
NAME	TITLE	TELEPHONE NUMBER	
Forrest Andra	Administrative Analyst	530-621-5804	
STREET ADDRESS		FAX NUMBER	
330 Fair Lane		530-663-8450	
CITY	STATE	ZIP CODE	EMAIL ADDRESS
Placerville	CA	95667	forrest.andra@edcgov.us

J. 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
Teri Monterosso	Chief Public Defender	530-621-6742	teri.monterosso@edcgov.us
STREET ADDRESS	CITY	STATE	ZIP CODE
3976 Durock Road, Suite 104	Shingle Springs	CA	95682
EMAIL ADDRESS teri.monterosso@edcgov.us			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.)			DATE
X 			2/5/21

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 Indigent Defense Grant Program application 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.)

Project Description

Provide a one-page description of the proposed project in the space provided below.

In the 50+ year history of the department, there have never been enough attorneys to staff the out-of-custody arraignments. We propose to hire a limited term Deputy Public Defender, to be assisted by a limited term, part-time Social Worker, to interview people being arraigned and to evaluate whether those people are eligible for any of the new diversion programs or any of the new criminal justice relief (e.g., S.B. 384, the new misdemeanor diversion, or mental health diversion). The attorney and social worker can also identify those clients who may be served by the new HHSA programs, funded by the Mental Health Services Act (MHSA) money, which specifically assists those persons who are mentally ill and cross over into the criminal justice arena, to help with early identification and intervention. The goal is to help the clients avoid harsh consequences or imprisonment, to leverage existing services and programs, and to help the new MHSA programs flourish.

With the early identification of qualified persons, the department can improve services to the clients and to the entire justice system, by prompt advocacy in the arraignment court. Instead of waiting for multiple pretrial appearances, clients can have a first assessment at arraignment or shortly thereafter. Since most of the out-of-custody arraignments are misdemeanors, early assessment for misdemeanor diversion or mental health diversion is critical to preserve housing, educational rights, and employability.

Our proposal is for a two-year cycle, to maximize the positive impact on the clients and the community, and to provide richer data than a one year proposal would accomplish. We estimate that a Limited Term attorney and a Limited Term, Part-time Social Worker would cost \$361,570 for a two-year project. Our department has identified funding that we can leverage to supplement the grant funding to fully realize the proposed project to that amount. The attorney and the social worker would interview the clients at the arraignment stage, get consent to gather any necessary records or information necessary for a full evaluation, advocate to the bench officer for early diversion into the appropriate court, and even help the clients find the appropriate resources to successfully complete diversion. For those clients identified as having a need for post-conviction relief, the attorney and the social worker would schedule interviews during which the bases for relief could be established and then the appropriate petitions filed.

Appendix A: Project Work Plan

This Project Work Plan identifies measurable goals and objectives, activities and services, the responsible parties and a timeline. Completed plans should (1) identify the project's **top goals and objectives** (minimum of two); (2) identify how the top goals will be achieved in terms of the activities, responsible staff/partners, and start and end dates; and (3) provide goals and objectives with a clear relationship to the need and intent of the grant. Please provide a project workplan in the below fields.

(1) Goal:		To provide early representation and coordinate services	
Objectives (A., B., etc.)	A. Early representation of out-of-custody clients and screening for available diversion programs. B. Earlier diversion than traditional pretrial structure C. Work with Social Worker to find appropriate diversion programs or alternatives to conviction.		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Timeline	
1. Attend every Monday arraignment calendar	Limited Term Deputy Public Defender (DPD) and Limited Term Part-time Social Worker	Start Date	End Date
2. Interview potential clients	Limited Term DPD and Limited Term Part-time Social Worker	Approx. April 2021	June 30, 2023
3. Discuss cases with Deputy District Attorney	Limited Term DPD and Limited Term Part-time Social Worker	Approx. April 2021	June 30, 2023

(2) Goal:		To increase diversion opportunities for clients	

Objectives (A., B., etc.)	A. To partner with court-approved diversion programs B. To leverage resources and programs by County partner agencies C. To explore new resources and programs, created by Limited Term Social Worker		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Start Date	End Date
1. Obtain agreement regarding early diversion or litigate, if objected to by District Attorney	Limited Term Deputy Public Defender	Approx. April 2021	June 30, 2023
2. Contact partner agencies to advocate for appropriate diversion treatment or programs	Limited Term Part-time Social Worker	Approx. April 2021	June 30, 2023
3. Check-ins with clients in diversion, to ensure progress and to assess any additional issues	Limited Term Part-time Social Worker	Approx. April 2021	June 30, 2023
4. Appear in court as needed, including at termination of diversion	Limited Term Deputy Public Defender and Limited Term Part-time Social Worker	Approx. April 2021	June 30, 2023

(3) Goal:			
Objectives (A., B., etc.)	A. B. C.		
Project activities that support the identified goal and objectives:	Responsible staff/partners	Start Date	End Date
1.			
2.			
3.			

(4) Goal:			
Objectives (A., B., etc.)	A. B. C.		
Project activities that support the identified goal	Responsible staff/partners	Start Date	End Date

	Start Date	End Date
and objectives:		
1.		
2.		
3.		

