

GOVERNOR'S OFFICE OF EMERGENCY SERVICES

LAW ENFORCEMENT AND VICTIM SERVICES DIVISION

3650 SCHRIEVER AVENUE MATHER, CALIFORNIA 95655 (916) 327-5664 FAX: (916) 324-9179



Application Cover Sheet

RFA PROCESS

VERTICAL PROSECUTION BLOCK GRANT PROGRAM

Submitted by: Vern Pierson El Dorado County District Attorney 515 Main Street Placerville, CA 95667 530-621-6472

TABLE OF CONTENTS

OFFICE OF EMERGENCY SERVICES ELDER VERTICAL PROSECUTION FY 08-09

TABLE OF CONTENTS

| | Page |
|--|-----------|
| Application Cover Sheet | 1 |
| Table of Contents | 2 |
| Grant Award Face Sheet and Instructions | 3 |
| Project Contact Information and Instructions | 5 |
| Certification of Assurance and Compliance and Instructions | 7 |
| Signature Authorization and Instructions | 11 |
| Project Narrative | 13 |
| Budget Narrative. Project Budget- Personal Services (OES 303b) Project Budget- Operating Expenses (OES 303b) Project Budget- Equipment (OES 303b) | 22 23 |
| Application Appendix Operational Agreement Project Summary | |
| Out of State Travel Request, OES 700 Project Service Area Information Computer and Automated Systems Purchase Justification Guidelines | N/A 28 |

GRANT AWARD FACE SHEET INSTRUCTIONS

1. Grant Recipient

Enter the complete name of the unit of government or community based organization applying for funding (e.g. County of Alameda, City of Fresno or Women's Place of Merced) also referred to as the "recipient".

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).

3. Project Title

Enter the complete title of the project. Do not use acronyms.

4. Grant Period

Enter beginning and ending dates of grant cycle. (mm/dd/yyyy)

5A - 10G. 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. If the source does not appear on the list, enter the acronym for the source in box 9. Please do not enter both State and Federal on the same line. Do not use symbols or decimal points. Block 10G should correspond to the total project cost specified in the budget.

11. Certification Paragraph

Please review the Certification Paragraph.

12. Official Authorized to Sign for the Applicant/Grant Recipient

Enter the signature, Federal Employer Identification Number, name, title, address, telephone number, and e-mail address of the official authorized to enter into the Grant Award Agreement for the city/county or Community-Based Organization, as stated in Block 11 of the Grant Award Face Sheet (OES A301). Provide an original signature of the authorized official in <u>blue ink</u>.

Grant Award Face Sheet - AOES 301 - (Revised 1/1/2008)

Reset Form

OES ID# _

Print Form

Award #

GOVERNOR'S OFFICE OF EMERGENCY SERVICES LAW ENFORCEMENT AND VICTIM SERVICES DIVISION

GRANT AWARD FACE SHEET (OES A301)

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following:

| 1. G | rant R | lecipient: | County | of | El Dorado |
|------|--------|------------|--------|----|-----------|
|------|--------|------------|--------|----|-----------|

| hereafter designated Recipient, in the amount and for the purpose and duration set forth in | in this grant award. |
|---|----------------------|
|---|----------------------|

- 2. Implementing Agency: District Attorney
- 3. Project Title: Elder Vertical Prosecution Program 4. Grant Period: 07/01/08 to 06/30/09

*Select the Grant year and fund source(s) from the lists below or type the appropriate acronym in box 9. Enter the amount(s) from each source. Please do not enter both State and Federal fund sources on the same line. Add any cash match(s), Block 10G is the Grant Award total amount.

| Grant Year | Fund Source | A. State | B. Federal | C. Total | D. Cash Match | E. In-Kind Match | F. Total Match | G. Total Project Cost |
|---------------|-------------|-----------|------------|-----------|------------------|---------------------|-------------------|-------------------------------|
| 08/09 | 5. Select | \$132,283 | | | | | \$0 | |
| Select | 6. Select | | | | | | \$0 | |
| Select | 7. Select | | | | | | \$0 | |
| Select | 8. Select | | | | | | \$0 | |
| Select | 9. | | | | | | \$0 | |
| | 10. TOTALS | \$132,283 | \$0 | \$132,283 | \$0 | \$0 | \$0 | 10. Grand Total: \$132,283 |

11. This grant award consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify I am vested with the authority, and have the approval of the City/County Financial Officer, City Manager, County Administrator, or Governing Board Chair, to enter into this grant award agreement; and all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the OES Program Guidelines, the OES Recipient Handbook, the Federal OJP Financial Guide and Program Guidelines (if applicable), and the OES audit requirements, as stated in the applicable RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the applicable RFP or RFA and agrees that the allocation of funds is contingent on the enactment of the State Budget.

| 12. Official Authorized to Sign for Applicant/Grant Recipient: Vern Pierson | Federal Employer ID Number: 956000511 District Attorney |
|--|--|
| Payment Mailing Address: 515 Main Street | Title: |
| Telephone: (530) 621-6472 (area code) AX: (530) 621-1280 (ärea code) | Email: vern.pierson@edcgov.us |
| Signature | Date:7-31-08 |
| [FOR OES USE | E ONLY] |

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

OES Fiscal Officer Date OES Director (or designee) Date

Grant Award Face Sheet - AOES 301 - (Revised 1/1/2008)

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 <u>person</u> having <u>routine programmatic responsibility</u> for the project.
- 4. Provide the name, title, address, telephone number, fax number and e-mail address for the <u>person</u> having <u>routine fiscal responsibility</u> for the project.
- Provide the name, title, address, telephone number, fax number and e-mail address for the <u>Executive Director</u> of a Community Based Organization or the <u>Chief Executive Officer</u> (e.g. chief of police, superintendent of schools) for the implementing agency.
- Provide the name, title, address, telephone number, fax number and e-mail address for the <u>Chair</u> of the <u>governing body</u> of the implementing agency. Please provide contact information other than that of the implementing agency.

Project Contact Information (Revised 7/1/2006)

PROJECT CONTACT INFORMATION

| ٨٥ | plicant EL DOR | | Grant N | lumber | | |
|-----|--|--|----------------------|---------------------|--------------------------|----------------------|
| App | | | | | FOR OES USE | ONLY] |
| a s | ection does not | itle, address, telephone number, and e-m apply to your project, enter "N/A." No quired for package delivery and site vis | DTE: If you | use a PO Box ad | acts name dress, a s' | d below. If treet |
| 1. | The <u>Project Dir</u> | r <u>ector f</u> or the project: | | | | |
| | Name: | VERNON PIERSON | Address: | 515 MAIN STREET | | |
| | Title: | EL DORADO CO. DISTRICT ATTORN | City: | PLACERVILLE | Zip: | 95667 |
| | Telephone #: | (530) 621-6472 | Fax #: | (530 |) 621-1280 | |
| | · | (Area Code) | | (Area code) | | |
| | E-Mail Address: | vern.pierson@edcgov.us | | | | |
| 2. | The <u>Financial C</u> | Dfficer for the project: | | | | |
| | Name: | JODI M. ALBIN | Address: | 515 MAIN STREET | • | |
| | Title: | FISCAL ADMINISTRATIVE MANAGER | City: | PLACERVILLE | Zip: | 95667 |
| | Telephone #: | (530) 621-6472 | Fax #: | (530 |)) 621-1280 | |
| | | (Area Code) | | (Area code) | | |
| | E-Mail Address: | jodi.albin@edcgov.us | | | | |
| 3. | The <u>person hav</u> | ving <u>routine programmatic responsibili</u> | ty for the pr | oject: | | |
| | Name: | GLORIA MARIA MAS | Address- | 515 MAIN STREET | , | |
| | | DEPUTY DISTRICT ATTORNEY | | PLACERVILLE | | 95667 |
| | | (530) 621-4815 | Fax #: | |) 621-1280 | |
| | Telephone #: | (Area Code) | rax #. | (Area code) | 1021-1200 | |
| | E-Mail Address: | gmas@co.el-dorado.ca.us | | | | |
| 4. | The <u>person</u> hav | /ing routine fiscal responsibility for the | project: | | | |
| | Name | JODI M, ALBIN | Address [.] | 515 MAIN STREET | | |
| | | EL DORADO CO. DISTRICT ATTORNEY | | PLACERVILLE | | 95667 |
| | Telephone #: | (530) 621-6472 | Fax #: | | 2,)) 621-1280 | |
| | , | (Area Code) | F dX #. | (Area code) | 9021-1200 | |
| | E-Mail Address: | jodi.albin@edcgov.us | | | | |
| 5. | The <u>Executive</u> | Director of a nonprofit organization or the of schools) of the implementing agency: | e <u>Chief Exe</u> | cutive Officer (e.g | I., chief of p | oolice, |
| | Name: | VERNON PIERSON | Address: | 515 MAIN STREET | , | |
| | Title: | EL DORADO CO. DISTRICT ATTORNEY | | PLACERVILLE | Zip: | 95667 |
| | Telephone #: | (530) 621-6472 | Fax #: | (530 |) 621-1280 | |
| | | (Area Code) | | (Area code) | | |
| | E-Mail Address: | vern.pierson@edcgov.us | | | | |
| 6. | The <u>Chair of the</u> of the implement | e governing body of the implementing ag ting agency) | gency: (Pro | vide contact inform | ation other | r than that |
| | Name: | Rusty Dupray | Address: | 330 FAIR LANE | | |
| | Title: | CHAIR, BOARD OF SUPERVISOR | City: | PLACERVILLE | Zip: | 95667 |
| | Telephone #: | (530) 621-5654 | Fax #: | |) 622-364 | 5 |
| | | (Area Code) | | (Area code) | | |
| | E-Mail Address: | bosone@co.el-dorado.ca.us | 1 | | | |

Project Contact Information (Revised 7/1/2006)

CERTIFICATION OF ASSURANCE OF COMPLIANCE

The applicant must complete a Certification of Assurance of Compliance (OES 656), which includes details regarding Equal Employment Opportunity Program (EEOP), Drug Free Workplace Compliance, California Environmental Quality Act, Lobbying, Debarment and Suspension requirements, and Proof of Authority from City Council/Governing Board. The applicant is required to submit the necessary assurances and documentation before finalization of the Grant Award Agreement. In signing the Grant Award Face Sheet, the applicant formally notifies OES that the applicant will comply with all pertinent requirements.

Resolutions are no longer required as submission documents. OES has incorporated the resolution into the Certification of Assurance of Compliance, Section VI, 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.

Certification of Assurance of Compliance - OES 656 (Revised 1/1/2008)

CERTIFICATION OF ASSURANCE OF COMPLIANCE

| I, | Vernon Pierson | | | | hereby certify that |
|----|----------------------|-------|---------|---|---------------------|
| | (official authorized | | | | |
| | | | | | |
| R | ECIPIENT: | EL DO | DRADO C | OUNTY DISTRICT ATTORNEY'S OFFICE | |
| IN | PLEMENTING | AGEN | NCY: | EL DORADO COUNTY DISTRICT ATTORNEY'S OFFI | CE |
| Pf | ROJECT TITLE | : | ELDER V | ERTICAL PROSECUTION PROGRAM | |

is responsible for reviewing the Grant Recipient Handbook and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. Equal Employment Opportunity – (Recipient Handbook Section 2151)

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **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 Emplo | oyment Opportunity Officer: <u>Thaddeus Gwiek</u> |
|-------------|---|
| Title: | Human Resources Director |
| Address: | 330 Fair Lane, Placerville, CA 95667 |
| Phone: | 530-621-5565 |
| Email: | Ted.Cwiek@edcgov.us |

II. Drug-Free Workplace Act of 1990 – (Recipient Handbook, Section 2152)

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

III. California Environmental Quality Act (CEQA) – (Recipient Handbook, Section 2153)

The California Environmental Quality Act (CEQA) (*Public Resources Code, Section 21000 et seq.*) requires all 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 CEAQ requirements.

Certification of Assurance of Compliance – OES 656 (Revised 1/1/2008)

IV. Lobbying – (Recipient Handbook Section 2154)

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.

V. Debarment and Suspension – (Recipient Handbook Section 2155)

(This applies to federally funded grants only.)

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.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization 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 OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from 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.

Certification of Assurance of Compliance - OES 656 (Revised 1/1/2008)

All appropriate documentation must be maintained on file by the project and available for 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 Recipient may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the Recipient 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 Grant Award Agreement [Section 12 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient 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. γ |
| Authorized Official's Name: Vernon Pierson |
| Authorized Official's Title: District Attorney |
| |
| Date Executed: |
| Federal Employer ID Number: 956000511 |
| Executed in the City/County of: El Dorado |
| AUTHORIZED BY: (not applicable to State agencies) City/County Financial Officer or City/County Manager or Governing Board Chair |
| Signature: |
| Name: Rusty Dupray |
| Title: Chair, El Dorado County Board of Supervisors |
| |

Certification of Assurance of Compliance - OES 656 (Revised 1/1/2008)

SIGNATURE AUTHORIZATION INSTRUCTIONS

The Project Director and Financial Officer are **REQUIRED** to sign this form and submit it with the Grant Award Forms package. The Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. The Project Director and/or Financial Officer authorize the person(s) identified on the form to sign on their behalf on <u>all</u> subgrant-related matters.

Signature Authorization (11/15/2006)

| Reset Form | | Print Form |
|--|-------------------------|---|
| | SIGNATU | RE AUTHORIZATION |
| | | Grant Award #: |
| Grant Recipient: | EL DORADO COUNT | DISTRICT ATTORNEY'S OFFICE |
| Implementing Agency: | EL DORADO COUNTY | / DISTRICT ATTORNEY'S OFFICE |
| *The Pr | oject Director and Fina | ncial Officer are REQUIRED to sign this form. |
| *Project Director: VERN | | *Financial Officer: JODI M. ALBIN |
| Signature: | .11/ | Signature: How Allow |
| Date: | -21-08 | Date: 7-21-08 |
| Project Director Signature William Clark | Ul | Financial Officer |
| Signature | | Signature |
| Name | | Name |
| Signature | | Signature |
| Name | | Name |
| Signature | | Signature |
| Name | | Name |
| Signature | | Signature |
| Name | | Name |

Signature Authorization (11/15/2006)

Project Narrative

1. Problem Statement

El Dorado County in years past has been unsuccessful in protecting its elders from physical and financial abuse. El Dorado County has had an increase in population in the last five plus years of over 13%. Over 12% of the population is of persons 65 and over, which is higher than California's percentage of fewer than 11%. Yet, the county in the past had a serious lack of programs or resources available to detect, investigate and prosecute elder abusers. The many departments in charge of enforcement did not coordinate efforts well to address this issue as a group.

Many of our elders live in isolated areas of the county, without adequate social contacts to enable quick detection of abuse. Many of the elders in this county have moved from other areas in retirement and have very little family support. Some of our elders are isolated in rural areas by family members or other individuals precisely so that they can be exploited. When reports were made, the victims and family members were directed to different departments sometimes leaving them frustrated.

El Dorado County has area of 1,711.5 square miles, stretching from the community of El Dorado Hills at the edge of the Sacramento Valley to Lake Tahoe, high in the Sierras. The county has a population of approximately 184,730 people (2007), with approximately 25,000 people living in the Tahoe Basin and the balance in a geographically and demographically diverse region known as the West Slope Source:

(http://homes.point2.com/Neighborhood/US/California/EI-Dorado-County-Demographics.aspx). This area stretches from the highly suburbanized and densely populated communities of EI Dorado Hills and Cameron Park on the western border of the County to the remote areas east, such as Georgetown, Camino, Pollock Pines and numerous remote locations in the south part of the county. The Tahoe Basin is a compact and relatively dense area compared to the rest of the county.

2. Plan:

a. Enhanced Prosecution

As noted above, EI Dorado County has in place a series of interconnecting projects and programs designed to create a network of people able to detect signs of abuse directed against elders. The one shortcoming, prior to 2004 and continuing in FY 2005/2006, has been the lack of a coordinated and consistent prosecution effort, due to the scarcity of prosecution resources. Thus, although the leads on abuse have been increasing, the investigation and prosecution effort has not been able to keep pace.

The county formed a vertical prosecution unit in 2004 to prosecute all elder abuse cases in El Dorado County. The unit consisted of three county employees: a deputy District Attorney devoted to this unit, an investigator, who investigates only elder abuse cases, and a victim/witness advocate (not grant funded) who will coordinates the provision of victim services to our elder victims as well as advocate for them in court.

This process worked well in FY 04/05, with prosecutor Casey Newton assigned full-time as the vertical prosecutor. However, since the cost of a prosecutor is more than twice the funding provided by the grant (\$62,368), and with the caseload per attorney projected at 471 for FY 2005/2006, this office was only able to commit a prosecutor on a less-than-full-time basis to the grant. The prosecutor will track time based on monthly time studies.

Enhanced Prosecution beginning in FY 2006/07 -- Elder Protection Unit

On March 14, 2006, the El Dorado County Board of Supervisors approved creation of the Elder Protection Unit (interagency task force) comprised of staff from the Human Services Department, District Attorney's Office, and County Counsel. In July 2006, a deputy district attorney and deputy district investigator were hired to devote efforts to elder abuse enforcement. These two individuals are employees of the District Attorney's Office. In September 2006, a legal secretary was hired by the Department of Human Services to serve as a support person devoted to the unit. Lastly, in February 2007, a deputy county counsel was hired to work full time for the unit. The unit has a single goal -- pursue vigorous prosecution of offenders who abuse seniors physically, emotionally or financially.

The deputy district attorney and deputy district investigator oversee the investigation and prosecution of criminal cases of abuse and investigation and prosecution of civil cases against businesses for unfair business practices. Any matters referred to the district attorney are also referred to the victim advocate. That individual keeps the victim and their families apprised of the status of the case.

In general cases are referred to the unit by way of suspected abuse report through the intake unit in Adult Protective Services. However, the reality is that abuse may become known to any members of the group by people within the community. Instead of being sent in different directions, the information is instead disseminated to the group for a common discussion as to what step should be taken next.

b. Highly Qualified Staff

The Elder Protection Unit prosecutor, Gloria M. Mas, was transferred to the Elder Protection Unit June 2006 and possesses the necessary qualifications as required by the grant. She came to the unit with vast experience in prosecuting both criminal and civil cases of all types. Her experience in litigation adds an important facet to enforcement of abuse cases by businesses. She attended a four day training dedicated to enforcement of elder abuse in 2006. The Unit Investigator, Chris Lindholm, possesses the necessary qualifications as required by the grant. Chris has been in law enforcement for 20 years with 14 of those years in investigations. He has worked in Santa Clara and El Dorado County. He has 80 hours of training in elder abuse and 100 hours in financial crimes. He has investigated over 1,000 cases of fraud/theft.

Training for the positions will continue to be provided in issues of elder abuse and elder abuse prosecutions by all involved agencies. The District Attorney's Office has access to training provided by the California District Attorney's Association in elder issues. The Elder Protection Unit provides in-house training, as well as community outreach.

c. Average Case load (non vertical)

The average annual caseload for felony (adult cases) Prosecutors and investigators in nonvertical prosecution efforts in FY 2004/2005 was 82.

However, since each prosecutor handles felony and misdemeanor cases (except the vertical prosecutor), the calculation needs to include misdemeanors. Therefore, the average projected caseload for prosecutors in FY 2005/2006 is 471. This was calculated from data on number of cases derived from the DAMION Case Management System, divided by the number of prosecutors working non-vertical cases.

d. Mandated Objectives and Activities

Objective 1: Cases Accepted

The objective refers to the number of referred cases that will be accepted by the unit. In reviewing the statistics from July 2006 through December 2006, 100 cases were investigated by the unit and 34 were referred to the District Attorney for prosecution. These figures are based on the DAMION Case Management System for that six month period. This includes cases that charged with violations of PC 368, and other charged which involve elders as victims, and civil cases.

It is expected that for the next annual period that the cases investigated will increase by 25% now that there is a full time investigator and the unit is more established. That means that 250 cases are estimated to be investigated annually. With that increase, it is expected that the number of cases referred for prosecution will also increase to an estimated 80 number of cases annually.

Objective 2: Vertical Prosecution

• Prosecute 100 % of defendants using True Vertical Prosecution. The only exception to this would be on those occasions when the designated prosecutor is ill, on vacation or in training, in which case the duties of the prosecutor will be filled during that period by a prosecutor experienced in Elder Abuse Prosecutions.

o Prosecute 0 % of defendants using Major Stages Vertical Prosecution

Prosecute 0 % of defendants using Unit Vertical Prosecution

Since July 2006, the deputy district attorney assigned to the Elder Protection Unit has been and will continue to vertically prosecute these cases.

Source data to collect and report this data include a listed of cases from the DAMION Case Management System and, if necessary, pulling each case file to verify that the case was vertically prosecuted.

Objective 3: Average Caseload

The estimated average yearly caseload for district attorney non-vertical prosecution investigators is 148. The estimated average yearly caseload for non-vertical prosecution prosecutors is 406.

Since July of 2006, the deputy district attorney in the Elder Abuse Unit has carried an average of 33 open cases at any given time, which includes felonies, misdemeanors and civil prosecutions. Approximately 10 cases were completed during the last six month period. It is estimated based on those figures, that the average caseload of the elder abuse prosecutor will be 53.

The investigator reviewed approximately 100 cases in the period between July 2006 and December 2006 providing for an annual caseload of 200. It is believed that a second investigator is absolutely mandated in order to review cases on a timely basis. These figures are derived from the DAMION Case Management System.

3. Implementation:

General Objectives and Mission of Unit

The new Elder Protection Unit began functioning in July of 2006. The unit has and will continue to refer 100% of victims with cases prosecuted by the unit to appropriate victim services. The victim/witness advocate member of the unit will monitor this. The victim/witness program presently monitors all reports received by the district attorney's office for eligible victims and will

continue to do so. In addition, the advocate will monitor the cases being investigated by the unit to ascertain whether there should be referrals made to other appropriate resources.

The unit will establish and maintain close contact with the families of victims within or sooner than the guidelines. This function will be monitored by the advocate member of the unit. At a minimum, the advocate will make personal or telephone contact with the victims within 7 days of charging the crime or of receiving the case into the unit. The advocate will follow up with the victims and their families regarding the status, of the case, and make ongoing contacts at least every 30 days. It is anticipated, based on the previous efforts by the program that these objectives will be met and exceeded. Further, the advocate will provide moral support for the elder victims by participating in all contacts with the victims and accompanying them to court when necessary, and help prepare them for trial testimony.

The model being used is a proactive one. The unit will seek new cases for investigation in two ways. The unit will be working closely with the agencies involved in elder abuse detection. This will be a fertile source of investigation leads. Monthly task force meetings hosted by the deputy district attorney are held with all members of the unit. In these meetings specific cases are discussed as well as potential new cases and any other issues relevant to the unit.

Further, the assigned attorney has and will continue to conduct elder abuse outreach projects in the community. Presentations have been made to various groups with an emphasis on the enforcement of physical and financial abuse. Additionally, a presentation was made to representatives in the financial community regarding identification and reporting of financial abuse.

The unit will seek referrals from law enforcement agencies. The unit will solicit referrals from law enforcement agencies and follow-up on the tips. The assigned attorney and the advocate will participate in the investigations being done at every stage. The assigned attorney will provide guidance to the investigator as well as prepare any necessary legal documents for the investigation, such as requests for search warrants and arrest warrants. The commitment to the issues of elder abuse, evidenced by the broad spectrum of efforts in El Dorado County to ensure that our elders will remain safe, evidences the will and commitment that the district attorney's office and the department of community services will bring to the prosecution of those who would harm our elders.

Budget Narrative

The district attorney's participation in the Elder Protection Unit is a part time prosecutor and a full time investigator. Full time means this individual will devote 100% of their time to elder abuse. The prosecutor and investigator who have been hired meet the requirements of "highly qualified" as defined in the grant.

Salaries for the deputy district attorney and investigator position total \$285,209. The grant is providing 46% of the funds and the county is contributing the balance of 54%. The county board of supervisors approved these positions with the understanding that the elder grant would be continued. No administrative costs are budgeted. No subcontracts or unusual expenditures are planned.

BUDGET CATEGORY AND LINE ITEM DETAIL

| A. Personal Services – Salaries/Employee Benefits | соѕт |
|---|-----------|
| Deputy District Attorney Salary: 41328% of base salary \$109,403 | \$45,214 |
| Investigator 1.00 FTE Salary: 100% of base salary \$87,069 | \$87,069 |
| | |
| | |
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| TOTAL | \$132,283 |

OES 303b

(Revised 07/06)

| C. Equipment | COST |
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132283.0718

\$0.00

\$0.00

\$132,283

\$0.00

0

BUDGET CATEGORY AND LINE ITEM DETAIL

OES 3035

(Revised 07/06)

TOTAL

132283.0718

Same as Block 10G on the Grant Award Face Sheet

Total Project Cost*

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. Additional pages may not be added. This is a summary of the project narrative.

- 1. **GRANT NUMBER:** Enter the Grant Number if known.
- 2. **PROJECT TITLE:** Enter the complete title. The title MUST describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
- 3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
- 4. APPLICANT: Enter the name and complete address of the organization that is applying for the grant.
- 5. **GRANT AMOUNT:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and block 10G on the Grant Award Face Sheet.
- IMPLEMENTING AGENCY: Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
- 7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service OES is authorized to fund based upon state or federal legislation.
- 8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
- 9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.
- 10. ACTIVITIES: Describe activities you will perform to accomplish each objective (quantify where possible).
- 11. **EVALUATION:** Describe how project performance will be measured, if applicable. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
- 12. NUMBER OF CLIENTS TO BE SERVED: Enter the number of clients, if applicable.
- **13. PROJECT BUDGET:** Amounts in each category must be the same as the Budget Pages amounts. The total must be the same as the total in box 10G on the Grant Award Face Sheet.

Project Summary - OES 227 (Revised 1/2/2007)

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| PROJECT SUMMARY | | | | | | | | | |
|--|---------------------------------------|------------|--------------------------|--------------|--------------|--|-------------------|-------|--|
| 1. GRANT AWARD NO. | | | | | | 3. GRANT PERIOD | | | |
| 2. | 2. PROJECT TITLE ELDER ABU | | JSE VERTICAL PROSECUTION | | | 7/1/08 | to <u>6/30/09</u> | | |
| 4. APPLICANT | | | | | | 5. GRANT | AMOUNT | | |
| | Name: EL DORADO COUNTY | | | 530-621-6472 | | (this is the same amount as 10G of the Grant Award Face Sheet) | | | |
| | Address: | 515 MAIN S | TREET | _ Fax #: | 530-621-1280 | | \$ 132,283 | | |
| | City: | PLACERVIL | LĒ | Zip: | 95667 | | | | |
| 6, | IMPLEME | NTING AGE | NCY | | | | | | |
| | Name: EL DORADO CO. DISTRICT ATTORN P | | PN Phone: | 530-621-647 | 2 Fax # | 530-621-1280 | | | |
| | Address: | 515 MAIN S | STREET | | City: | PLACERVIL | LE Zip: | 95667 | |
| 7. PROGRAM DESCRIPTION EAVP: Employ a full time prosecutor who will be part of the El Dorado County Elder Protection Unit (District Attorney's office, County Counsels' office, and Human Services Department). The Unit will also include a full time Elder Protection Unit District Attorney Investigator. The District Attorney; Victim Witness Assistance and Elder Advocacy programs will also coordinate with the Elder Protection Unit in their efforts to detect and prosecute crimes committed against elders in our community. 8. PROBLEM STATEMENT EAVP: This county is projected to be experiencing one of the greatest increases in elders living within a California county, yet the county in the past had a serious lack of programs and resources available to detect, investigate, and prosecute elder abusers. 9. OBJECTIVES EAVP: Work with the Elder Protection Unit to develop an MOU for effective coordination among the involved agencies; work with the Elder Protection Unit and its existing series of interconnecting projects and programs, to detect, investigate and prosecute at an estimated 43 cases as a vertical prosecution unit. | | | | | | | | | |
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Project Summary - OES 227 (Revised 1/2/2007)

| 10. ACTIVITIES | | | | |
|---|---|--|---|---|
| As of March 14, 2006, the county created network. A full-time prosecutor will conti enhancements to the extent possible. The Additionally, the prosecutor will continue cases and the effect these cases have o punishments for offenders and is a neces | nue filing charges aga he prosecutor will wor educating our judges n our society and the | ainst appropriate ind k with the full-time of so they understand victims. Educating | lividuals and addin district attorney eld d the seriousness c | g necessary er investigator. if elder abuse |
| 11. EVALUATION (if applicable) | | | 12. NUMBER C | OF CLIENTS |
| Performance will be measured by super- how the office is meeting priorities and o objectives. | | | (if appl | icable) |
| 13. PROJECT BUDGET | | | | |
| (these are the same amounts as on Budget Pages) | Personal Services | Operating Expenses | Equipment | TOTAL |
| | \$132,283 | | | \$132,283 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| Totals: | \$132,283 | \$0 | \$0 | \$132,283 |

Project Summary - OES 227 (Revised 1/2/2007)

Reset Form

Print Form

PROJECT SERVICE AREA INFORMATION

1. <u>COUNTY OR COUNTIES SERVED</u>: Enter the name(s) of the county or counties served by the project. Put an asterisk where the project's principal office is located. **4 Lines Max**

El Dorado County, Placerville*

 <u>U.S. CONGRESSIONAL DISTRICT(S)</u>: Enter the number(s) of the U.S. Congressional District(s) which the project serves. Put an asterisk for the district where the project's principal office is located.
 <u>4 Lines Max</u>

1st Congressional District

 <u>STATE ASSEMBLY DISTRICT(S)</u>: Enter the number(s) of the State Assembly District(s) which the project serves. Put an asterisk for the district where the project's principal office is located. 4 Lines Max

District 4

4. <u>STATE SENATE DISTRICT(S)</u>: Enter the number(s) of the State Senate District(s) that the project serves. Put an asterisk for the district where the project's principal office is located.

4 Lines Max

District 1

5. <u>POPULATION OF SERVICE AREA</u>: Enter the total population of the area served by the project. 4 Lines Max

Per the US Census Bureau: The population in 2000 was 156,299. In 2007 the population was estimated at 175,689.

Project Service Area Information (long version) (Revised 7/1/2006)