



DCF OFFICE OF CIVIL RIGHTS COMPLIANCE CHECKLIST

[To see "INSTRUCTIONS," click paragraph symbol ¶ on standard toolbar at top of your computer screen.]

Provider Name Pinellas County Board of County Commissioners		County Pinellas	Region/Circuit 6th Judicial Circuit
Corporate Mailing Address 14 S. Fort Harrison			
City, State, Zip Code Clearwater 33756		Main Telephone Number 727-464-8400	
DCF Contract(s) Number(s) LHZ52	Total Contract(s) amount \$ \$1,200,000.00	Total amount of federal funding \$ 0	Total amount of state funding \$ \$1,200,000
Are any of the contract numbers listed above a multi-year contract? If yes, state which one(s) and contract period. LHZ52, 2/1/2017 - 1/31/2020			
Completed By (name and title) Sara Gordils, Justice Programs Analyst		Telephone Number 727-453-7437	Date Completed 12/7/2016

PART I.

1. Describe the geographic area served and the type of service(s) provided: **Serve adults in Pinellas County who are suffering from substance use disorder as well as a co-occurring mental health condition, and have been charged with a crime.**

2. Population of Area Served. List source of data: **U.S. Census Bureau, as of July 1, 2015**

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male
949,827	82.9	11	9.1	3	52.1	47.9

3. Staff Currently Employed. Effective date: **January 1, 2016**

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
1,761	77.34	16.75	4.2	1.25	37.93	61.95	unknown

4. Number of Clients Participating or Served. Effective date: **2015 jail diversion**

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
5,422	75.31	22.8	.04	1.85	34.13	65.87	unknown

5. Advisory or Governing Board, if applicable.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
7	6	1	0	0	.43	.57	unknown

PART II. (Use a separate sheet of paper for any explanations requiring more space.)

6. Compare staff composition (#3) to population of area served (#2). Is staff representative of the population served? If No or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Compare client composition (#4) to population of area served (#2). Are race/sex composition representative of populations served? If NO or NA, please explain. Client composition statistics are from the current Jail Diversion program and grant specific program client statistics will not be available until the program begins.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
8. Do you inform employees, applicants, and clients of their protection against discrimination in employment practices and in the delivery of services? If YES, how (verbal, written, poster)? If NO or NA, please explain. On county's website, including HR webpage for applicants for employment, as well as on website for Pinellas County's Office of Human Rights - including complaint procedures.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9. Do recruitment and notification materials advise applicants, employees and clients of your non-discrimination policy? If NO, please explain. On county's website, including HR webpage for applicants for employment, as well as on website for Pinellas County's Office of Human Rights - including complaint procedures.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
10. Do you have a grievance/complaint policy or procedure receive, investigate and resolve complaints regarding employment decisions and provision of services to clients? If NO, please explain. Yes, it is available on the website for Pinellas County's Office of Human Rights.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Does your grievance/complaint policy or procedure notify your employees and clients of their right to file a complaint with the appropriate external agency and provide contact information for these agencies (DOJ, HHS, EEOC, DCF)? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

12. If applicable, does your grievance/complaint policy incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of Section 504 of the Rehabilitation Act of 1973 (disability in employment practices and the delivery of services)? <i>[Applicable to providers with 50 or more employees and \$25,000 or more in DOJ funding.]</i> If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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PART III. (Use a separate sheet of paper for any explanations requiring more space.)

13. Provide the number and status of any service delivery and employment discrimination complaints filed against your organization within the last 12 months. Four (4) Employment complaints, two (2) have been dismissed for no cause, and two (2) which remain pending. There have been no civil rights complaints about the provisions of prgrams or services within the last 12 months.	
14. Have you submitted any findings of discrimination issued by a court or administrative agency to both the DCF Office of Civil Rights and appropriate external agency (DOJ, USDA). If NO, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
15. Are program eligibility requirements applied to applicants and clients without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
16. Are benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
17. Are room assignments for in-patient services made without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain. Pinellas County does not operate in-patient services for the program but service providers are in compliance with all applicable laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
18. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, please explain. Additionally, Pinellas County's Office of Human Rights is available to assist in the provision of other reasonable accommodation requests made by persons with disabilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
19. Are the programs/facilities/services accessible to mobility, deaf or hard of hearing, and sight impaired individuals? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20. Are Limited-English Proficient (LEP) applicants and recipients provided equal access to benefits and services, including free interpreter services? If NO or NA, please explain. List below what steps are taken to ensure meaningful access to persons with LEP (written policy, outreach, etc.).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
21. Have you conducted a self-evaluation to identify barriers to serving individuals with disabilities or LEP? If NO or NA, please explain. Commencing in Januray of 2017, Pinellas County's Office of Human Rights will be updating the county's self-evaluation to produce an updated LEP Plan.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
22. Provide the name and contact information for the individual designated as your organization's Section 504, ADA, and/or Title VI Coordinator for compliance activities.	Paul Valenti, Director, Pinellas County Office of Human Rights 727-464-4880 pvalenti@ co.pinellas.fl.us
23. Are you providing Civil Rights training (employment and service delivery) for staff? If YES, how often? If NO or NA, please explain. List all the civil rights training provided to staff within the last 12 months. Pinellas County's Human Services staff have been provided civil rights/diversity training conducted by the Office of Civil rights this calendar year. Additionally, civil rights and diversity training is a component of the Supervisory and Management Series training provided to all new supervisors within county government. Additional training by the Pinellas County Office of Civil Rights is provided as needed/requested, and is available - free of charge - to partner agencies as well.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

<p>24. If you conduct religious activities as part of your program or services, do you:</p> <p>a. Provide services to everyone regardless of religion or religious belief?</p> <p>b. Keep religious activity such as prayer and religious instruction separate from federally funded activities?</p> <p>c. Are religious activities voluntary?</p> <p>If NO or NA to any of the questions above, please explain.</p> <p style="text-align: center;">Do not conduct religious activities as part of program or services.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>
<p>25. If you are a sub-recipient of <i>DOJ funding and operate an educational program or activity</i>, have you taken the following actions:</p> <p>a. Adopted grievance procedures that provide for prompt and equitable resolution of complaints that allege sex discrimination in violation of Title IX of the Education Amendments of 1972?</p> <p>b. Designated a person to coordinate compliance with Title IX?</p> <p>c. Notified applicants, employees, students, parents, and clients that you do not discriminate on the basis of sex in your educational programs or activities?</p> <p>If applicable and you answered NO to any of the questions above, please explain.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>26. If applicable, do you have an Equal Employment Opportunity Plan (EEOP)? If you are a sub-recipient of DOJ funding, have you filed the appropriate EEOP certification with Office of Civil Rights, Office of Justice Programs? If YES, provide a copy of the EEOP and/or certification. See copy, attached.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>

PART IV.

DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY			
Date Received by DCF Contract Manager		Date Reviewed by Contract Manager	
Contract Manager Name/Signature		Telephone Number	
Is the contract information (contract number, amount of contract, etc.) correct?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did contracted services provider answer/complete all three sections? If YES, submit to Civil Rights Officer (CRO). If NO, return to provider for completion.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Submitted to Civil Rights Officer (CRO)	Date Received by CRO	Date Reviewed by CRO	In Compliance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments			
Type of Compliance Review: <input type="checkbox"/> On-Site Limited Review <input type="checkbox"/> On-Site Full Review <input type="checkbox"/> Desk Limited Review			
Date of Compliance/No-Compliance Notice	Response Due Date	Response Received Date	
Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Civil Rights Officer Name/Signature		



U.S. Department of Justice

Office of Justice Programs

Office for Civil Rights

Washington, D.C. 20531

July 21, 2015

Paul Valenti
Pinellas County
400 S Fort Harrison Avenue
5th Floor
Clearwater, FL 33756

Re: Equal Employment Opportunity Plan (EEOP) for Pinellas County

Dear Mr. Paul Valenti,

The Office for Civil Rights, Office of Justice Programs, has reviewed and approved the EEOP Utilization Report that you submitted in accordance with the grant conditions set forth by either the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act), Juvenile Justice and Delinquency Prevention Act of 1974, the Victims of Crime Act of 1984 or their implementing regulations. The plan that you submitted conforms to the online Guide to the Design and Development of an Equal Employment Opportunity Plan, which provides the essential information that the Department of Justice requires for our initial screening of your EEOP. The Department of Justice regulations for developing a comprehensive EEOP may be found at 28 CFR § 42.301 *et seq.* Your approved plan is effective for two years from the date of this letter, and satisfies the EEOP requirement for any subsequent grant awards received during the two-year period.

Your organization may, however, have additional civil rights compliance requirements if it receives funding from grant programs other than the ones listed above. For example, if your organization is a recipient of funding from the Office on Violence Against Women (OVW), your organization's non-discrimination policies and practices should also include prohibitions on discrimination on the bases of actual or perceived sexual orientation and gender identity.

If you have any questions regarding this matter, please contact the Office for Civil Rights at (202) 307-0690.

Sincerely,

X 

Michael L. Alston
Director
Signed by: MICHAEL ALSTON