

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (Rev 06/03)

AGREEMENT NUMBER 17MHSOAC060
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME
Mental Health Services Oversight and Accountability Commission
 CONTRACTOR'S NAME
Humboldt County Mental Health Department
- The term of this Agreement is: **Upon Execution** through **June 30, 2021**
- The maximum amount of this Agreement is: **\$ 726,446.00**
SEVEN HUNDRED TWENTY SIX THOUSAND FOUR HUNDRED FORTY SIX DOLLARS & NO CENTS
- The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	3 pages
Attachment A.1 - Program Implementation Plan Timeline	10 pages
Exhibit B – Budget Detail and Payment Provisions	2 pages
Attachment B.1 - Grant Award Claim Form	1 page
Attachment B.2 - Budget Worksheet	1 page
Exhibit C * - General Terms and Conditions (GTC)	

RFA MHSOAC_Triage_003 and Grantee's application are hereby incorporated by reference and made part of this agreement

Items shown with an Asterisk (), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language*

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	<i>California Department of General Services Use Only</i>	
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) Humboldt County Mental Health Department		
BY (Authorized Signature) 		DATE SIGNED (Do not type) 6/19/18
PRINTED NAME AND TITLE OF PERSON SIGNING Ryan Sundberg, Chairperson		
ADDRESS 825 5th Street, Room 111, Eureka, CA. 95501		
STATE OF CALIFORNIA		
AGENCY NAME Mental Health Services Oversight and Accountability Commission		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Toby Ewing, Executive Director		
ADDRESS 1325 J Street, Suite 1700, Sacramento, CA 95814		

Exempt per: **W & I 5897(f)**

MHSOAC USE ONLY

State Master
 Contractor
 Contract Manager
 Accounting
 State Controller

Exhibit A
Scope of Work

1. Humboldt County Mental Health Department, hereafter referred to as Grantee, agrees to hire mental health triage personnel to provide a range of triage services to persons with mental illness requiring crisis intervention. As indicated in the Mental Health Wellness Act of 2013 triage personnel may provide targeted case management services face to face, by telephone, or by tele-health. The scope of work for this contract is contained in the Grant Application submitted by Grantee in response to the MHSOAC's Request for Applications RFA SB82_TRIAGE_003 (hereinafter, "RFA"). Grantee's Application is incorporated by reference and made part of this contract as if attached hereto.

2. Grantee Implementation Plan

Grantee shall implement the triage program described in Grantee's Triage Grant Application Attachment 7 Program Implementation Plan which is attached to this Exhibit A as "Attachment A.1".

3. Contacts

The representatives during the term of this agreement will be:

Direct all Triage Grant inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	Grantee: Humboldt County
Name, Title: Andrej Delich, Health Program Specialist	Name, Title: Windy Scott, Staff Services Analyst
Phone: (916) 445-8793	Phone: 707-388-6690
Fax: (916) 445-4927	Fax: 707-476-4049
Email: Andrej.Delich@mhsoc.ca.gov	Email: wscott@co.humboldt.ca.us

Direct all administrative inquiries to:

State Agency: Mental Health Services Oversight & Accountability Commission	Grantee: Humboldt County
Section/Unit: Administrative Services	Section/Unit: Administrative
Attention: Richard Thut	Attention: Emi Botzler-Rodgers, Director of Mental Health
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	Address: 824 Harris Street Eureka, CA. 95503
Phone: (916) 445-8798	Phone: (707) 268-2900
Fax: (916) 445-4927	Fax: (707) 476-4049
Email: Richard.Thut@mhsoc.ca.gov	Email: ebotzler-rodgers@co.humboldt.ca.us

Project representatives may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

4. Grant Cycle (See *RFA, Section IV.C.*)

This grant is approved for a three-year grant cycle, with funds allocated in quarterly installments.

Contract funding is based on the Grantee's compliance with the RFA requirements as submitted through Grantee's Application, which is incorporated by reference and made a part of this contract as if attached.

The Commission may withhold funds from Grantee if the Grantee fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If Grantee finds itself in this position, the Grantee shall immediately contact the Commission and provide a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until an agreed upon mitigation plan is presented and accepted by the Commission.

5. Reporting (See *RFA, Section V.F.*)

Grantee shall provide information to the Commission on a quarterly basis within 30 days after the end of each reporting period. Quarterly reporting periods are hereby defined as July 1 – September 30, October 1 – December 31, January 1 – March 31, and April 1 – June 30.

The following reports are required to be submitted:

- a. Triage Hiring Report (See *RFA, Section V.F.1.*), quarterly.

- b. Statewide Evaluation Data (See *RFA, Section V.F.2.*)
 - i. Grantee shall provide data based on the specifications and timelines defined by and agreed to by the Statewide Evaluation Contractor and the Commission.
- c. Expenditure Information (See *RFA, Section V.F.3.*)
 - i. Grantee shall report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the program year. Annually Grantee is required to remit unexpended grant funds back to the Commission.

6. Allowable Costs (See *RFA, Section IV.E.*)

Grant funds must be used as proposed in the grant Application approved by the Commission as follows:

- a. Allowable costs include triage personnel and administration;
 - i. The amount budgeted for administration shall not exceed 15% of the total budget. This includes any administrative costs associated with contracted personnel.
- b. Grant funds may be used to supplement existing programs but may not be used to supplant existing financial and resource commitments of the grantee;
- c. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant

7. County Triage Webpage (See *RFA, Section V.C.4.b.*)

Grantee shall have a link on its home page that connects users to a County Triage Webpage. The link shall be named, "County Mental Health Triage Services". Information on the webpage shall include:

- a. The title of each triage grant program;
- b. A short description of each triage grant program;
- c. Direct contact information for each triage grant program, including phone number, email, and access point location addresses. If available, include walk-in assistance information.

8. Statewide Evaluation (See *RFA, Section V.E.*)

Grantee shall fully cooperate with the Commission's statewide evaluation contractor (hereinafter, "Evaluation Contractor") and ensure Grantee's collaborative partners also cooperate. Grantee shall collect relevant individual-level data, including but not limited to, encounter data. Grantee shall grant the Evaluation Contractor access to all relevant individual-level data collected and maintained by Grantee. Grantee shall ensure that its collaborative partners grant access to the Evaluation Contractor to all relevant individual-level data.

9. Amendments

State of California
Mental Health Services Oversight and
Accountability Commission (Commission)

HUMBOLDT COUNTY MENTAL HEALTH DEPARTMENT
Agreement # 17MHSOAC060
Exhibit A, Scope of Work

This contract may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

ATTACHMENT A.1
ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN
Program Implementation Plan Timeline

Program Implementation Plan Timeline				
V. C.1.1.	Program Implementation Plan Timeline			
	Provide a Program Implementation Timeline for the requirements detailed in the Program Implementation Plan Narrative. The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Program Implementation Plan			
	a.	Recruitment strategy for triage staff		
	i.	List specific strategies, activities and milestones		
	1	Strategy: A current recruitment is underway for Mental Health Clinicians I/II and Mental Health Case Workers. We intend on hiring staff from current, active recruitment.	Beg Date:	End Date:
	1	Activity/Milestone: Gather information from the program with vacancies.	This activity is complete	This activity is complete
	2	Activity/Milestone: Open recruitment, close recruitment.	This activity is complete	This activity is complete
	3	Activity/Milestone: Human Resources evaluates applications.	This activity is complete	This activity is complete
	4	Activity/Milestone: Human Resources scheduled interview and sends schedule and applications to hiring panel.	4/2/2018	4/16/2018
	5	Activity/Milestone: Interviews are conducted, references checked and hiring recommendations are submitted to Human Resources.	4/23/2018	4/30/2018
6	Activity/Milestone: Employment offer made to candidate.	5/7/2018	5/14/2018	
2	Strategy: Use internal communication channels to inform staff of open positions and request parties interested in a lateral transfer to self-identify.	Beg Date:	End Date:	
1	Activity/Milestone: Announcement using internal bulletin, publicizing the vacancies and recruiting candidates for lateral transfer	7/2/2018	7/9/2018	

		2	Activity/Milestone: Open recruitment, close recruitment.	7/9/2018	7/16/2018
		3	Activity/Milestone: Human Resources scheduled interviews	7/23/2018	7/26/2018
		4	Activity/Milestone: Interviews are conducted, references checked and hiring recommendations are submitted to Human Resources.	8/1/2018	8/8/2018
		5	Activity/Milestone: Transfer offer made to candidates.	8/15/2018	8/15/2018
		6	Activity/Milestone: Candidates transfers into program	8/31/2018	8/31/2018
		3	Strategy: Seek referrals from current or past employees.	Beg. Date	End Date
	1	Activity/Milestone: Announcement using internal bulletin, announcing the vacancies, requesting referrals	7/2/2018	7/9/2018	
	2	Activity/Milestone: Open recruitment, close recruitment.	7/9/2018	7/16/2018	
	3	Activity/Milestone: Human Resources evaluates applications.	7/23/2018	7/26/2018	
	4	Activity/Milestone: Interviews are conducted, references checked and hiring recommendations are submitted to Human Resources.	8/1/2018	8/8/2018	
	5	Activity/Milestone: Employment offer made to candidate.	8/15/2018	8/15/2018	
	6	Activity/Milestone: Onboarding begins	Dependent on candidates availability to start	Dependent on candidates availability to start	
	4	Strategy: Launch new recruitment	Beg. Date	End Date	
	1	Activity/Milestone: Gather information from the program with vacancies.	5/7/2018	5/21/2018	
	2	Activity/Milestone: Open recruitment, close recruitment.	5/28/2018	6/11/2018	
	3	Activity/Milestone: Human Resources reviews application material	6/13/2018	6/20/2018	

	4	Activity/Milestone: Human Resources scheduled interview and sends schedule and applications to hiring panel.	6/25/2018	6/29/2018
	5	Activity/Milestone: Interviews are conducted, references checked and hiring recommendations are submitted to Human Resources.	7/2/2018	7/6/2018
	6	Activity/Milestone: Employment offer made to candidate.	7/16/2018	7/20/2018
	5	Strategy: Reassign current staff in the job classification of Mental Health Clinician I/II and Mental Health Case Manager to fill positions, justified by programmatic need.	Beg. Date	End Date
	1	Activity/Milestone: Hold meeting with management to determine what program staff can be reallocated and who the best fit would be.	7/2/2018	7/16/2018
	2	Activity/Milestone: Decide who will be reassigned	7/18/2018	7/20/2018
	3	Activity/Milestone: Inform employee of reassignment	7/23/2018	7/27/2018
	4	Activity/Milestone: Staff reassigned to program	8/10/2018	8/10/2018
	5	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable
	6	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable
	ii.	List all employee classifications individually. Include estimated hiring dates	Est. Hire Date	Peer (Yes/No)
	1	Employee classification: Mental Health Clinician I/II	June 2018	No
	2	Employee classification: Mental Health Clinician I/II	August 2018	No
	3	Employee classification: Mental Health Case Manager	June 2018	No
	4	Employee classification: Mental Health Case Manager	August 2018	No
5	Employee classification: Non-applicable	Non-applicable	Non-applicable	

	6	Employee classification: Non-applicable	Non-applicable	Non-applicable
	7	Employee classification: Non-applicable	Non-applicable	Non-applicable
	8	Employee classification: Non-applicable	Non-applicable	Non-applicable
	9	Employee classification: Non-applicable	Non-applicable	Non-applicable
	10	Employee classification: Non-applicable	Non-applicable	Non-applicable
	11	Employee classification: Non-applicable	Non-applicable	Non-applicable
	12	Employee classification: Non-applicable	Non-applicable	Non-applicable
	13	Employee classification: Non-applicable	Non-applicable	Non-applicable
	14	Employee classification: Non-applicable	Non-applicable	Non-applicable
	15	Employee classification: Non-applicable	Non-applicable	Non-applicable
	iii.	List all Contractor positions/classifications individually. Include estimated hiring dates	Est. Hire Date	Peer (Yes/No)
	1	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	2	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	3	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	4	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
5	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable	
6	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable	
7	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable	

	8	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	9	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	10	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	11	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	12	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	13	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	14	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
	15	Contractor position/classification: Non-applicable	Non-applicable	Non-applicable
b. Retention strategy for triage staff				
i. List specific strategies, activities and milestones				
	1	Strategy: Provide comprehensive onboarding organizational structure orientation/training.	Beg. Date	End Date
	1	Activity/Milestone: Provide letter to new employee informing of date and time DHHS New Hire Orientation at Employee Services.	No less than one week prior to start date	No later than four days before start date
	2	Activity/Milestone: Supervisor begins initial orientation to program, introductions to staff, and overview of workstation and building.	First date of employment	First date of employment
	3	Activity/Milestone: Employee attends DHHS New Hire Orientation with Employee Services.	First date of employment	First date of employment
	4	Activity/Milestone: Supervisor continues to provide program orientation once employee returns from New Hire Orientation.	First date of employment	First week of employment
	5	Activity/Milestone: Training begins.	First week of employment	First week of employment

	2	6	Activity/Milestone: Training continues.	Perpetually	Perpetually	
		Strategy: Provide comprehensive program training.			Beg. Date	End Date
		1	Activity/Milestone: Supervisor provides overview of program.	First day of employment	First day of employment	
		2	Activity/Milestone: Supervisor informs new staff of job duties.	First day of employment	First day of employment	
		3	Activity/Milestone: New staff shadows experienced staff.	Second day of employment	Third week of employment	
		4	Activity/Milestone: New staff engages in job duties under close supervision.	Third week of employment	Third week of employment	
		5	Activity/Milestone: Support and constructive feedback is provided to employee.	Continuous	Continuous	
	6	Activity/Milestone: Additional programmatic training is provide.	Continuous	Continuous		
	3	Strategy: Offer ability to earn overtime and or compensatory time.			Beg. Date	End Date
		1	Activity/Milestone: Inform staff of the option to earn overtime or and or compensatory time.	Upon hire	Upon hire	
		2	Activity/Milestone: Instruct staff on how to fill out time cards and payroll adjustment forms to properly document earned overtime or compensatory time.	Upon hire	Upon hire	
		3	Activity/Milestone: Supervisor answers any questions pertaining to the earning of additional compensation.	Upon hire	Ongoing	
		4	Activity/Milestone: Review of time spent working in crisis situations through supervision to ensure the staff are claiming all overtime/comp time they are entitled to.	Ongoing	Ongoing	

			5	Activity/Milestone: Approval for the use of comp time and coverage of duties while staff are off work.	Ongoing as requested	Ongoing as requested
			6	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable
			4	Strategy: Provide support for staff.	Beg. Date	End Date
			1	Activity/Milestone: Provide access to relevant Policies and Procedures, job aids, or instruction manuals.	First week of employment	First week of employment
			2	Activity/Milestone: Teach staff how to locate additional tools and how to independently use resources.	Second week of employment	Second week of employment
			3	Activity/Milestone: Provide weekly one-on-one supervision.	Second week of employment	Ongoing
			4	Activity/Milestone: Align new staff with a mentor.	First quarter of employment	First quarter of employment
			5	Activity/Milestone: Check in with staff regarding workload during supervision. If staff begin to struggle, find solutions to address workload issue.	Second week of employment	Second week of employment
			6	Activity/Milestone: Build team support through debriefing, regular check-ins, and group supervision.	Ongoing	Ongoing
			5	Strategy: Offer retirement and education benefit package.	Beg. Date	End Date
			1	Activity/Milestone: Include benefit package information in job recruitment.	Prior to employment	Prior to employment
			2	Activity/Milestone: Cover benefit package during DHHS New Hire Orientation.	First day of employment	First day of employment

		3	Activity/Milestone: Allow time for staff to consult with benefit package advisor.	Ongoing	Ongoing	
		4	Activity/Milestone: Periodic review of available employee benefits including vacation time, paid family leave, and the Employee Assistance Program in supervision.	Ongoing	Ongoing	
		5	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable	
		6	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable	
	c. Training Plan Strategy					
	i. List specific strategies, activities and milestones					
			1	Strategy: Upon hire, Employee Services will provide a comprehensive onboarding orientation/training. This will be followed by a site/division overview.	Beg. Date	End Date
			1	Activity/Milestone: Employee attend the DHHS New Hire Orientation. This orientation typically occurs one hour into the employee's first shift.	First date of employment	First date of employment
			2	Activity/Milestone: Employee attends site/division overview and orientation.	First day of employment	First day of employment
			3	Activity/Milestone: Employee tours multiple internal facilities.	First week of employment	First week of employment
		4	Activity/Milestone: Employee will attend DHHS required trainings such as Harassment, Avatar Training, Privacy & Security, Defensive Driving, etc.	As soon as possible, as scheduled	As soon as possible, as scheduled	
		5	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable	
		6	Activity/Milestone: Non-applicable	Non-applicable	Non-applicable	
		2	Strategy: Program specific training	Beg. Date	End Date	

			1	Activity/Milestone: Staff attends training on Safety in Field Settings	First week of employment	First week of employment
			2	Activity/Milestone: Specific Cultural Training for Native American and Latin cultures	Second week of employment	Second week of employment
			3	Activity/Milestone: Documentation and Medi-Cal Billing	Second week of employment	Second week of employment
			4	Activity/Milestone: Law and Ethics Training	First quarter of employment	First quarter of employment
			5	Activity/Milestone: Hostage Negotiation Training	First quarter of employment	First quarter of employment
			6	Activity/Milestone: Trauma Informed Care	First quarter of employment	First quarter of employment
			3	Strategy: Job specific training	Beg. Date	End Date
			1	Activity/Milestone: Employee Shadows experienced Mobile Response staff	Second day of employment	Third week of employment
			2	Activity/Milestone: Verbal De-Escalation	First week of employment	First week of employment
			3	Activity/Milestone: Mentoring	First quarter of employment	First quarter of employment
			4	Activity/Milestone: Coping post-intervention	First quarter of employment	First quarter of employment
			5	Activity/Milestone: Self-care	First quarter of employment	First quarter of employment

			6	Activity/Milestone: Annual CIT Training	First year of employment	First year of employment
			4	Strategy: Outside training opportunities	Beg. Date	End Date
			1	Activity/Milestone: Request input from staff proposing additional training topic	Year two of employment	Year two of employment
			2	Activity/Milestone: Prioritize suggestions	Year two of employment	Year two of employment
			3	Activity/Milestone: Look for training opportunities that fit programmatic need	Year two of employment	Year two of employment
			4	Activity/Milestone: Identify staff to attend	Year two of employment	Year two of employment
			5	Activity/Milestone: Register staff for training	Year two of employment	Year two of employment
			6	Activity/Milestone: Provide staff attending with necessary information to facilitate their attendance	Year two of employment	Year two of employment
			5	Strategy: Conference participation	Beg. Date	End Date
			1	Activity/Milestone: Request input from staff proposing upcoming conferences	Year two of employment	Year two of employment
			2	Activity/Milestone: Prioritize suggestions	Year two of employment	Year two of employment
			3	Activity/Milestone: Look for conferences that fit programmatic need	Year two of employment	Year two of employment
			4	Activity/Milestone: Identify staff to attend	Year two of employment	Year two of employment
			5	Activity/Milestone: Register staff for conference	Year two of employment	Year two of employment
6	Activity/Milestone: Provide staff attending with necessary information to facilitate their attendance	Year two of employment	Year two of employment			

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

- A. The amount payable by the Commission to the Grantee is specified in Section 5, Payment Schedule.
- B. Grant Award Claim Form (Attachment B.1) shall be submitted no later than the first week after each quarterly reporting period and is subject to the Commission's review and approval before being paid.

2. INSTRUCTION TO THE GRANTEE

- A. To expedite the processing of the Grant Award Claim Form submitted to the Commission for fund distribution, Grantee shall submit one original and two copies of each Grant Award Claim Form to the Commission Grant Manager at the following address:

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA, 95814

3. BUDGET CONTINGENCY CLAUSE

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.
- C. If this contract overlaps federal and State fiscal years, should funds not be appropriated by or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.

D. In addition, this grant is subject to any additional restrictions, limitations, or conditions enacted by the Legislature which may affect the provisions or terms of funding of this grant in any manner.

4. BUDGET DETAIL

The total amount of this Agreement shall not exceed \$726,446.00. Payment shall be made in accordance with the payment schedule below. The funds used for this Agreement may be used without regard to fiscal year.

5. PAYMENT SCHEDULE

Grantee was approved for a grant cycle that covers three fiscal years (See Attachment B.2 – Budget Worksheet for approved funding amounts), with funds allocated annually at the beginning of each fiscal year. Payments will be made quarterly and the total amount of payments made in any fiscal year is to not exceed the amounts stated below. For each grant year Grantee may not exceed the total funds allocated for that grant year.

Grant Year Disbursement	Grant Funding
Grant Year 1	\$233,250.00
Grant Year 2	\$246,598.00
Grant Year 3	\$246,598.00
Grant Total	\$726,446.00

ATTACHMENT B.1
Investment in Mental Health Wellness Act of 2013 (Children 0-21)
GRANT AWARD CLAIM FORM

To: Mental Health Services Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814 Attn: <u>Accounting Office</u>	Check One Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/>	Check One Quarter 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 4 <input type="checkbox"/>
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From: _____ **Contract No.** _____

Mailing Address: _____

Costs	A	B	C	D	
	Budget Amount	Beginning Balance	Adjustments	Current Expense	Ending Balance
Personnel					
Administration					

Total Allowable Costs \$ _____

MHSOAC USE ONLY	FOR GRANTEE'S USE – <i>Please use blue ink</i>
I hereby certify that all services and required reports have been received pursuant to the contract/grant. X _____ Signature Program Coordinator DATE _____ Name of Signatory _____ Phone	I CERTIFY that I am a duly appointed and acting officer of the herein named county/lead agency: that the costs being claimed are in all respects true, correct, and in accordance with the grant provisions, and that the funds were expended or obligated during the project year. X _____ Signature of Mental Health/Behavioral Health Director or designee/Grant Lead DATE _____ Name of Signatory _____ Title

FOR MHSOAC ACCOUNTING USE ONLY		GRANTEE'S CONTACT INFORMATION
SFY: _____ Grant Title: MHSOAC Triage Grant MHSA Grant Award: _____ PCA: 30118 INDEX: 1300 OBJECT CODE: 701	FY 2013-14 <input type="checkbox"/> FY 2017-18 <input type="checkbox"/> FY 2014-15 <input type="checkbox"/> FY 2018-19 <input type="checkbox"/> FY 2015-16 <input type="checkbox"/> FY 2019-20 <input type="checkbox"/> FY 2016-17 <input type="checkbox"/> FY 2020-21 <input type="checkbox"/>	_____ Contact Person (Print) _____ Phone

ATTACHMENT B.2

MHSOAC
Mental Health Triage Personnel Children RFA

RFA 5882_TRIAGE_003
ATTACHMENT 11 - Budget Worksheet

ATTACHMENT 11 BUDGET WORKSHEET					
County/Applicant: Humboldt					
(1) Hire Triage Staff (list individual role/classification) (add rows as needed)	(2) Hiring Month	(3) FY 1	(4) FY 2	(5) FY 3	(6) Total All FYs
Supervising Mental Health Clinician	1	39,151	39,151	39,151	117,453
Mental Health Clinician II	1	69,469	69,469	69,469	208,407
Mental Health Clinician II	3	57,891	69,469	69,469	196,829
Mental Health Case Manager I	1	42,610	42,610	42,610	127,830
Mental Health Case Manager I	3	35,509	42,610	42,610	120,729
Subtotal - (7) Personal Services Salaries		244,630	263,309	263,309	771,248
Add: (8) Personal Services Benefits		108,678	117,086	117,086	342,850
(9) Total Personal Services		353,308	380,395	380,395	1,114,098
(10) Hire Triage Contractors (if applicable, list individual role/classification) (Add rows as needed)	(2) Hiring Month	(11) FY1	(12) FY2	(13) FY3	(6) Total All FYs
					-
					-
					-
(14) Total Contracted Services		-	-	-	-
(15) Total Personal/Contracted Services		353,308	380,395	380,395	1,114,098
(16) Administration (includes indirect costs, overhead)		62,348	67,128	67,128	196,604
(17) Total Proposed Program Costs		415,656	447,523	447,523	1,310,702
(18) Reimbursements, Offsets, Other Funding Sources					
County Budget Funds					-
Medi-Cal Reimbursements		182,406	200,925	200,925	584,256
Private Matching Funds					-
Other (list)					-
(19) Total Reimbursements, Offsets, Other Funding Sources		182,406	200,925	200,925	584,256
(20) Total Grant Funding Requested		233,250	246,598	246,598	726,446