



# COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-14

For the meeting of: May 23, 2017

Date: April 20, 2017

To: Board of Supervisors

From: Connie Beck *cb*  
Director, Department of Health and Human Services

Subject: California Governor's Office of Emergency Services County Victim Services Program Grant Sub-Award and Supplemental Budget to Fund a Mental Health Clinician Position (4/5 Vote)

## RECOMMENDATION(S):

That the Board of Supervisors:

1. Adopt the attached resolution which ratifies the Humboldt County Department of Health and Human Services' ("DHHS") submission of an application for the County Victim Services Program grant sub-award offered by the California Governor's Office of Emergency Services and the execution of the documents associated therewith by the former Chair of the Humboldt County Board of Supervisors;
2. Adopt the supplemental budget as attached for fiscal year 2016-17, DHHS – Mental Health budget unit 1170-424 (4/5 vote required);
3. Approve the allocation of one (1.0 FTE) Mental Health Clinician I/II (job class 0909A/B, salary range 422/452) position in budget unit 424, effective immediately upon Board approval; and
4. Direct the Clerk of the Board to return one (1) certified copy of the Board Report to the DHHS – Contract Unit.

## SOURCE OF FUNDING:

Prepared by Jamie Monroe SSA II

CAO Approval *[Signature]*

REVIEW:

Auditor *[Signature]*

County Counsel *Sm*

Personnel

Risk Manager *[Signature]*

Other

TYPE OF ITEM:

☒ Consent

☐ Departmental

☐ Public Hearing

☐ Other

PREVIOUS ACTION/REFERRAL:

Board Order No.

Meeting of:

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Sundberg* Seconded by Supervisor *Fennell*

Ayes *Sundberg, Fennell, Bass, Bohn, Wilson*

Nays

Abstain

Absent

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: *May 23, 2017*

By:

Kathy Hayes, Clerk of the Board *[Signature]*

DISCUSSION:

DHHS – Children & Family Services applied for, and was awarded, grant funding through the California Governor’s Office of Emergency Services’ (“CalOES”) County Victim Services Program for the period of July 1, 2016 through June 30, 2018 towards the enhancement of the Child Abuse Services Team (“CAST”) in the amount of \$320,735. Due to the short time-frame to apply for and accept such grant funding, the former Chair of the Humboldt County Board of Supervisors, Mark Lovelace executed the relevant application paper work prior to receiving approval from the Board.

The above-referenced victim services grant is made available through the Federal Victims of Crimes Act (“VOCA”) assistance and is authorized by the Victims of Crime Act of 1984, as amended. It should be noted that the County of Humboldt has applied for, and been awarded, two other grants stemming from CalOES and VOCA funding. The Humboldt County District Attorney’s Office is participating in the VOCA Unserved-Underserved Victim Advocacy program and DHHS – Children & Family Services is participating in the Child Abuse Treatment program. These grants are unduplicated and serve varying populations within Humboldt County.

The victim services grant will be utilized to address the identified areas of highest need for CAST as determined by the Victim Services Steering Committee which includes representatives from the Humboldt County District Attorney’s Office, the Humboldt County Victim Witness Program, the Humboldt County Sheriff’s Office, the Eureka Police Department, the North Coast Rape Crisis Team, the Humboldt County Superior Court, the Humboldt County Probation Department and DHHS – Children and Family Services.

Advanced training of CAST forensic interviewers is needed in order to ensure the best outcomes for the victims as well as any subsequent court processes. Additionally, members of CAST require ongoing training in the various aspects of current best practices in assisting victims of crime. It is critical that all participants in the CAST process have a common basis of understanding going forward. The victim services grant would provide for advanced training of the forensic interviewers in addition to attendance at the annual Crimes Against Children conference and training for some members of CAST.

Mental health services are difficult to access in Humboldt County due to a shortage of providers. Victims of crime and their non-offending caretakers require the early involvement of a mental health professional and the expertise they offer for the interview, ongoing support and referral to needed services. A Mental Health Clinician is an integral yet missing piece of the CAST process. The victim services grant will be utilized for a Mental Health Clinician assigned to CAST in order to provide early assessment and referrals to services on an as-needed basis as soon as a crime victim comes into contact with the CAST system.

Forensic CAST interviews currently are conducted by a Child Welfare Services Social Worker with other agencies observing via closed circuit video cameras. The television monitor used for CAST members to observe the interview process currently requires replacement. The victim services grant will allow for the replacement of the monitor in order to ensure reliability and long-term functionality.

For all of the reasons stated above, ratification of DHHS – Children and Family Services’ submission of the application for the victim services grant, and the former Board Chair’s execution of the documents associated therewith, will allow CAST to address the identified areas of need in order to expand their capacity to provide essential services and assistance to crime victims in our community.

FINANCIAL IMPACT:

The CalOES County Victim Services Program project total of \$320,735 includes grant funding in the amount of \$256,588 and In-kind match of \$64,147. The two (2) year victim services grant agreement allows the county to be reimbursed up to a maximum of \$256,588 for services performed in accordance with the scope of work described in the victim services grant for the period of July 1, 2016 through June 30, 2018. Sustainability of program will include effective use of Medicaid and health reform opportunities such as expanded benefit enrollment strategies; cross agency financing strategies and opportunities for redirection and maximizing federal match in Medicaid, Title IV-E and TANF funds

The annual salary and benefit cost of the 1.0 FTE MH Clinician II is \$91,830. The Supplemental budget request represents program costs for half year and totals \$64,147 for FY 2016-17 DHHS-Mental Health 1170-424 and includes increased appropriation in salary and benefits and service and supplies for the County Victim Services Program. There is no impact to the General Fund.

The recommended actions support the Board's Strategic Framework by protecting vulnerable populations and seeking outside funding sources to benefit the residents of Humboldt County.

#### OTHER AGENCY INVOLVEMENT:

California Governor's Office of Emergency Services

#### ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose to not ratify the submission of the victim services grant application and the subsequent acceptance of CalOES' award of such grant funding. This is not recommended as the identified areas of need for CAST would remain unmet.

#### ATTACHMENTS:

1. Grant Sub-Award Face Sheet and Certification of Assurance of Compliance
2. Cal OES Award letter dated 12/23/2016
3. Resolution to accept Cal OES grant sub-award
4. Supplemental Budget fund 1170
5. Classification Review Request

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(Cal OES Use Only)							
Cal OES#	023-00000-18	FIPS#	023-00003	VS #		Subaward #	XU6010120

## CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET

The California Governor's Office of Emergency Services (Cal OES), makes a Grant Subaward of funds set forth to the following:

1. Subrecipient: County of Humboldt 1a. DUNS#: 034150203  
2. Implementing Agency: Humboldt County DHHS Children & Family Services 2a. DUNS#: 793165098  
3. Implementing Agency Address: 929 Koster St Eureka 95501  
Street City Zip+4  
4. Location of Project: Eureka Humboldt 95501-0106  
City County Zip+4  
5. Disaster/Program Title: County Victim Services (XC) Program 6. Performance Period: 7/1/16 to 6/30/18  
7. Indirect Cost Rate: ☐ N/A; ☒ 10% de minimis; ☐ Federally Approved ICR \_\_\_\_\_ %

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2015	8. VOCA		\$ 256,588		\$64,147	\$64,147	\$ 64,147	\$ 320,735
Select	9. Select						\$ 0	\$ 0
Select	10. Select						\$ 0	\$ 0
Select	11. Select						\$ 0	\$ 0
Select	12. Select						\$ 0	\$ 0
	TOTALS	\$ 0	\$ 256,588	\$ 256,588	\$64,147	\$64,147	\$ 64,147	12. G Total Project Cost: \$ 320,735

13. This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. Official Authorized to Sign for Subrecipient: 15. Federal Employer ID Number: 946000513  
Name: Mark Lovelace Title: Chair, Board of Supervisors  
Telephone: (707) 476-2393 FAX: (707) 445-7299 Email: mlovelace@co.humboldt.ca.us  
(area code) (area code)  
Payment Mailing Address: 825 5th Street, First Floor City: Eureka Zip+4: 95501-1107  
Signature: Mark Lovelace Date: 5/23/16

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.  
Cal OES Fiscal Officer De Date 12/21/16 Cal OES Director (or designee) Dana Stillwell Date 12/21/16

Yr: 2016-17 / Chapter: 23/ PCA No: 18405  
Item: 0690-102-0890 Component: 40.20.451  
FAIN #: 2015-VA-GX-0058 CFDA#: 16.575  
Federal Award Dates: 10/01/14-09/30/18  
Fund: Federal Trust  
Program: County Victim Services Program  
Match Req: 20%, C/IK based on TPC  
Project No.: 15VOCA Amount: \$256,588

#022372

EDMUND G. BROWN JR.  
GOVERNOR



**Cal OES**  
GOVERNOR'S OFFICE  
OF EMERGENCY SERVICES

MARK S. GHILARDUCCI  
DIRECTOR

December 23, 2016

Emi Botzler-Rodgers, Deputy Director of Children's Mental Health  
Humboldt County  
2440 6th Street  
Eureka, CA 95501

Subject: **NOTIFICATION OF APPLICATION APPROVAL**  
County Victim Services Program  
Subaward #: XC16 01 0120, Cal OES ID: 023-00000

Dear Ms. Botzler-Rodgers:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$256,588, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at [www.caloes.ca.gov](http://www.caloes.ca.gov).

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

VSPS Grants Processing

Enclosure

c: Subrecipient's file

3650 SCHRIEVER AVENUE • MATHER, CALIFORNIA 95655  
VICTIM SERVICES & PUBLIC SAFETY BRANCH  
TELEPHONE: (916) 845-8112 • FAX: (916) 636-3770



**BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA**

Certified copy of portion of proceedings, Meeting of May 23, 2017

RESOLUTION NO. 17-45

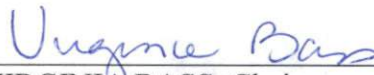
**RESOLUTION OF THE HUMBOLDT COUNTY BOARD OF SUPERVISORS RATIFYING  
THE SUBMISSION OF AN APPLICATION FOR A COUNTY VICTIM SERVICES  
PROGRAM GRANT SUB-AWARD AND EXECUTION OF DOCUMENTS ASSOCIATED  
THEREWITH**

**WHEREAS**, the Humboldt County Department of Health and Human Services - Children and Family Services ("DHHS - Children and Family Services") desires to undertake a certain project designated by the County Victim Services Program that will be funded in part from funds made available through the California Governor's Office of Emergency Services ("CalOES").

**NOW, THEREFORE, BE IT RESOLVED BY THE HUMBOLDT COUNTY BOARD  
OF SUPERVISORS THAT:**

1. The submission of an application for a County Victim Services Program grant sub-award by DHHS - Children and Family Services, and the execution of the documents accepting the award of such grant funding by the former Chair of the Humboldt County Board of Supervisors, is hereby ratified.
2. The Deputy Director of DHHS - Children and Family Services is hereby authorized to execute, on behalf of the County of Humboldt, any and all future extensions of, and amendments to, the County Victim Services Program grant sub-award, after review and approval by the Humboldt County Counsel, Risk Manager and County Administrative Officer.
3. The County of Humboldt agrees to provide all matching funds required for said project, including any extension or amendment thereof, under the rules and regulations of CalOES.
4. The grant funds received under the County Victim Services Program grant sub-award shall not be used to supplant expenditure controlled by the Humboldt County Board of Supervisors.

Dated: May 23, 2017

  
\_\_\_\_\_  
VIRGINIA BASS, Chair  
Humboldt County Board of Supervisors

Adopted on motion by Supervisor Sundberg, seconded by Supervisor Fennell, and the following vote:

AYES:	Supervisors	Sundberg, Fennell, Bass, Bohn, Wilson
NAYS:	Supervisors	--
ABSENT:	Supervisors	--
ABSTAIN:	Supervisors	--

**BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA**

Certified copy of portion of proceedings, Meeting of May 23, 2017

RESOLUTION NO. 17-45

STATE OF CALIFORNIA    )  
County of Humboldt        )

I, KATHY HAYES, Clerk of the Board of Supervisors, County of Humboldt, State of California, do hereby certify the foregoing to be an original made in the above-entitled matter by said Board of Supervisors at a meeting held in Eureka, California.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said Board of Supervisors.



By ANA HARTWELL

Deputy Clerk of the Board of Supervisors of the  
County of Humboldt, State of California

**HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Mental Health fund**

**Mental Health Administration**

**Supplemental Budget**

**Fiscal Year: 2016-17**

	<u>Budget Unit</u>	<u>Line item</u>		<u>Amount</u>
<b><u>Revenues</u></b>				
CAST Grant	1170-424	525-030	\$	64,147
<b><u>Expenditures</u></b>				
<b>Salaries &amp; Benefits</b>				
Salaries & Wages	1170-424	1100	\$	32,621
Unemployment Insurance	1170-424	1450	\$	98
Health Insurance	1170-424	1470	\$	3,306
Life & Air Travel Insurance	1170-424	1471	\$	18
Dental Insurance	1170-424	1472	\$	367
Retirement	1170-424	1500	\$	7,009
FICA	1170-424	1600	\$	2,496
<b>Services &amp; Supplies</b>				
Office Supplies	1170-424	2117	\$	114
Transportation and Travel	1170-424	2125	\$	15,668
Software	1170-424	2148	\$	850
Office Equipment	1170-424	2317	\$	1,600



## CLASSIFICATION REVIEW REQUEST

This form is intended for use in routine audits such as requests for additional allocated positions to existing job classifications. Please send the completed form and an organizational chart showing new positions to Personnel prior to the effective date of the new allocation. This form is to be submitted two-sided.

NOTE: This form should not be used for audits of existing positions or new job classifications.

Department: DHHS Date: 3/6/17

Division/Unit/Location of new position: C+ES, CAST

Name of contact person: Jeremy Nilsen

Position status (check one) Regular ☐ Grant ☒ Other ☐

If position is in a new grant or program, explain the general purpose or function of the program:

Provide Clinical services to children + families that are going through the CAST process.

Anticipated start date: ASAP Duration of grant: 24 MOS

FTE of new position: 1.0 Budget unit: 424

Name and title of person supervising this position: Martin Stephan, Supervisor, MHC

Name and title of anyone currently in your department performing the same or similar duties:

Christy Perry, MHC Clinician

Please list the primary duties of this position on the reverse side.

### PERSONNEL USE ONLY

RECOMMENDATION: Mental Health Clinician I/II DATE: 4-12-17

NAME OF ANALYST: Becke Perry HR Analyst II

Personnel notes: HR has reviewed the request and has determined that that the Classification of Mental Health Clinician I/II (Class 0909, Salary 422/452) aligns with the skills, knowledge and experience requirements of this assignment.

List the primary duties of the proposed position:

- Provide Clinical Services to children & families involved in the C.A.S.T. process
- Work with C.A.S.T. team on training, stepping, and community outreach.
- Referrals and help for families wanting to access MH services.
- Participate in follow up CFT meetings
- Other C.M.H. tasks as assigned

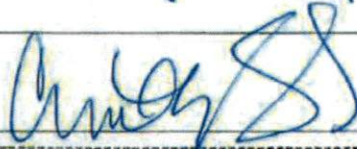
Indicate any required licenses: Licensure equivalent to MH CLINICIAN I/II

Add any additional information, which might be useful for this review:

May hire MH Clinician I or II for this position.

will fund position after grant is up.

Department head signature



Date 3-27-17

PERSONNEL USE ONLY



## **BOS AGENDA ITEM SUMMARY**

Item reviewed and approved by: \_\_\_\_\_



Name of designated attendee for BOS meeting: Jeremy Nilsen, PM

BOS Meeting Date: 5/16/17

**Subject:**

California Governor's Office of Emergency Services County Victim Services  
Program Grant Sub-Award and Supplemental Budget to Fund a Mental Health  
Clinician Position

**What is the main purpose of this agenda item?**

Ratify the application for the Cal OES CAST Program Grant Subaward and approves the change to the Mental Health budget to add a Mental Health Clinician funded by the grant.

**Program Title:**

Cal OES CAST Grant

**Program Highlights:**

This grant will pay for a Mental Health Clinician to work with children/youth who have been victims of crime and are participating in the CAST process, additional training for CAST staff, and updated equipment for CAST interviews.

**How long has this program been in effect?**

This program has been in existence for many years, but this is the first year Humboldt County has received the grant.

**Is it a state mandated program?**

No

**Is this program part of a larger program?**

The CAST grant is one of many programs funded through Victims of Crime administered by Cal OES.

The CAST program has been working to make physical and sexual abuse investigations less traumatic to young victims in Humboldt County for over twenty years.

**Is this a subcontract? If yes, why?**

Yes, we are a subgrantee of Cal OES, who contracts with the Federal Government.

**Note\*** The purpose of this summary is to provide a quick overview of important facts and "talking points" for the Department of Health and Human Services should the agenda item be pulled for public comment. **Think about what someone from the public would ask if they read this agenda item.**

(Updated 12/09/14)

**Items of interest: (primary funding, program mission etc.)**

The mission of the CAST grant is to provide mental health services to children/youth under the age of 18 who are victims of violent crime.

**Note\*** The purpose of this summary is to provide a quick overview of important facts and “talking points” for the Department of Health and Human Services should the agenda item be pulled for public comment. **Think about what someone from the public would ask if they read this agenda item.**

(Updated 12/09/14)